

# CITY OF UNION GAP DONATION FORM

## Donor Information

Name/Organization

Address

State

Zip Code

Phone

Email

☐ I wish to remain anonymous.

(The City will make every effort to honor your request for anonymity for the purpose of public recognition; however, state public records laws require disclosure of donor identity in the event of a public records request. If you wish the source of your donation to remain anonymous, please use an identifiable third party to represent you to the City regarding the donation, including completion of this form)

## B. \*Description of Donation (including estimated value)

## C. Do you wish your donation to be used for a specific purpose?

## Acknowledgement

By submitting this form, I acknowledge that if the City of Union Gap accepts this donation, the donation becomes the property of the City of Union Gap, and the donation will be utilized and/or disposed of as determined appropriate by the City.

\_\_\_\_\_  
Donor Signature

## Please Return this Form to:

City Manager's Office  
102 West Atahnum Road  
Union Gap, WA 98903

**THANK YOU FOR YOUR SUPPORT OF THE CITY OF UNION GAP!**

\*NOTE: This document and any attachments are subject to public disclosure. Certain information is exempt from disclosure. Refer to RCW 42.56 for information on state law regarding public records and certain records that are exempt from public disclosure.