



## Donation Form

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### Contact Information

Name			
Affiliation (Optional)			
Street Address			
City			
State		Zip Code	
Work Phone			
E-Mail Address			

### Donation Amount

Please indicate the amount you wish to contribute:

\_\_\_ \$25      \_\_\_ \$50      \_\_\_ \$100      \_\_\_ Other (Amount: \$\_\_\_\_)

Any company or organization donating \$100 or more will be listed on the OIPC website with the organization's name and logo included on the OIPC Partners page.

Thank you for your consideration! Any contribution is much appreciated!

Do you need a receipt for tax purposes?       Yes       No

Send check with this form to:

Carrie Morrow, Ohio Invasive Plant Council  
c/o Columbus and Franklin County Metro Park  
1069 West Main Street  
Westerville, Ohio 43081

Email logo to:

Dr. David Gorchov  
[gorchodl@miamioh.edu](mailto:gorchodl@miamioh.edu)

\*Please make checks payable to OIPC.

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