



S.M.I.L.E. Donation Form
Thank you for your contribution!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Amount you wish to donate: \$ _____

Give a donation in memory of someone or as an anniversary or birthday gift. You will receive a letter recognizing the donation to give to the recipient.

Donation in the name of: _____

Recipient Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable to the Park District of Highland Park and mail to:

Park District of Highland Park
Attn: S.M.I.L.E.
636 Ridge Road
Highland Park, IL 60035

Questions about the S.M.I.L.E. program? Please call 847.831.3810.