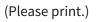
Naming Opportunities Application







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Don	Or	nform	ation
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Last Name	First Name	M.I	
Spouse: Last Name	First Name		
Address			
City	State	Zip	
Phone	Email		
Relationship to Honoree			
Is this gift anonymous? [] Yes	; [] No		
-	e read and agree to the attached Waterman Opportunities Program policy.	n Communities Foundation's	
Honoree Information (Please	e see next section to honor a pet.)		
Last Name	First Name	Suffix	
Is the Honoree living or deceased?	? [] Living [] Deceased		
If Honoree is still living, please co	mplete the following contact information:		
Address			
City	State	Zip	
Phone	Email		
Is Honoree a current or past reside	ent of Waterman Village? []Current resider	nt [] Past resident	
If current or past, how long has/w	as the Honoree been in residence at Waterman	Village?years.	
Please list significant contribution	ns/activities of Honoree while at Waterman Villa	ge (attach additional pages if needed).	
If possible, please include a recen	t photo of Honoree. [] Yes, photo is attached.		
Honored Pet			
If your beloved pet is the recipient	t of this honorarium/memorial, please provide t	the following information:	
Pet Type [] Dog [] Cat [] Other:		
Pet's Name			

Location/Placement of Naming Plaque Building ______Room/Facility_____ Recreation/Activity Area _____ Garden/Trail _____ Pet Park ______ Other _____ Requested Wording on Plaque _____ **Champions in Caring** \$50,000 and up **Donation Information** Advocates in Caring \$25,000 to \$49,999 Amount \$ Stewards in Caring \$10,000 to \$24,999 Donation Level: Please indicate your level of giving > **Ambassadors in Caring** \$5,000 to \$9,999 \$1,000 to \$4,999 Partners in Caring Is this gift to remain anonymous? [] Yes [] No Supporters in Caring \$1 to \$999 **Method of Payment** You can also scan the QR code with your smart phone or tablet's [] Enclosed is my check, made payable to camera, click the link that pops Waterman Communities Foundation. up to give securely online! [] Please charge my credit card: Card Number _____ Security Code _____ Name on Card _____ Signature _____ **Publicity** May Waterman Communities Foundation publicize this gift? [] Yes [] No If yes, please provide the name of your hometown newspaper, city and state:

Do you give your permission for the Foundation to use a photo of the Honoree in promotional/marketing materials,

No If yes, the Foundation will contact the Donor and Honoree to make photo arrangements.

May we schedule a photo session with the Honoree through the Waterman Village Activities Department?

website, etc. for the purpose of publicizing this gift? [] Yes [] No

[] Yes

2025