

Naming Opportunities Application

(Please print.)



Date _____

Donor Information

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

Initial _____ *I/We have read and agree to the attached Waterman Communities Foundation's Naming Opportunities Program policy.*

Honoree Information (Please 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 complete the following contact information:

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Is Honoree a current or past resident of Waterman Village? ☐ Current resident ☐ Past resident

If current or past, how long has/was the Honoree been in residence at Waterman Village? _____ years.

Please list significant contributions/activities of Honoree while at Waterman Village (attach additional pages if needed).

If possible, please include a recent photo of Honoree. ☐ Yes, photo is attached.

Honored Pet

If your beloved pet is the recipient of this honorarium/memorial, please provide 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 _____

Donation Information

Amount \$ _____

Donation Level: Please indicate your level of giving →

Is this gift to remain anonymous? [] Yes [] No

- | | | |
|--------------------------|-----------------------|----------------------|
| <input type="checkbox"/> | Champions in Caring | \$50,000 and up |
| <input type="checkbox"/> | Advocates in Caring | \$25,000 to \$49,999 |
| <input type="checkbox"/> | Stewards in Caring | \$10,000 to \$24,999 |
| <input type="checkbox"/> | Ambassadors in Caring | \$5,000 to \$9,999 |
| <input type="checkbox"/> | Partners in Caring | \$1,000 to \$4,999 |
| <input type="checkbox"/> | Supporters in Caring | \$1 to \$999 |

Method of Payment

[] Enclosed is my check, made payable to

Waterman Communities Foundation.

[] Please charge my credit card:

Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____

Signature _____

You can also scan the QR code with your smart phone or tablet's camera, click the link that pops up to give securely online!



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

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

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