

**INDIAN LAKE WATERSHED PROJECT DONATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Endowment** \$ \_\_\_\_\_

**Education** \$ \_\_\_\_\_

**Memorial Scholarship** \$ \_\_\_\_\_

**General Operating** \$ \_\_\_\_\_

**Weed Harvester** \$ \_\_\_\_\_

**Monitoring** \$ \_\_\_\_\_

**TOTAL CONTRIBUTION** \$ \_\_\_\_\_



**Make all checks payable to: ILWP**

**324 County Road 11  
Bellefontaine, Ohio 43311**

**THANK YOU FOR HELPING IMPROVE THE WATER QUALITY OF INDIAN LAKE.....  
ONE DROP AT A TIME!!!!**