## Cleveland Metroparks Coach Cox Bench Dedication Donation Form



DONORI	NFORMATION:
Donor Nam (as it should a	ne(s):ppear for recognition)
Address:	City/State/Zip:
Phone: (	)E-Mail:
This gift is a	anonymous:
TRIBUTE	INFORMATION:
This gift is in memory of: Dr. Donald Cox (Coach Cox)	
Send Notification of my Memorial/Tribute gift to (optional):	
Name(s):	
Address:	City/State/Zip:
GIFT INF	ORMATION:
Amount:	\$ (please make check payable to Cleveland Metroparks)
• ,	All gifts of \$250 or more include benefits in the Emerald Necklace Giving Circles
	If you would like to donate by credit card, please call 216-635-3261 or visit clevelandmetroparks.com/bench/cox
Please Di	rect my Donation to: Coach Cox Bench Dedication

PLEASE RETURN COMPLETED FORM TO: Bisi Mikleus, Director of Development

Cleveland Metroparks 4101 Fulton Parkway Cleveland, OH 44144

Tel: (216) 954-3430

Email: bm11@clevelandmetroparks.com