



Municipal Services Donation Request Form

Donor Information (Please print or type)

Name _____

Address _____

City, State, Zip _____

Phone Number _____ Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly

I (we) pledge to make this contribution in the form of: cash check credit card

Credit card information to be called into the Municipal Services Dept. at 503-537-1240

Donor Request

I (we) would like the above donation to be applied as follows:

Customer Name _____

Customer Address _____

Donation to go into the City Financial Assistance Fund. This fund assists customers that fall under the low income and hardship status.

Acknowledgement Information

Please use the following name(s) in all acknowledgements _____

I (we) wish to have our donation remain anonymous.

Signature

Date

Please make checks to: City of Newberg
Attn: Municipal Services Dept.
PO Box 970
Newberg, OR 97132