

DONATION OPPORTUNITIES

All gift level contributions of \$500+ to the All Abilities Trane Park Project will be recognized at the park entrance donor wall.

Donors will have the opportunity to be recognized by name or in honor of another, if so desired.

During the campaign, all gifts that are not given anonymously will be publicly acknowledged, excluding the gifted amount, on the website.

SPONSORSHIP & NAMING OPPORTUNITIES

INDIVIDUAL RECOGNITION OPPORTUNITIES

Donor "Compassion Wall" at park entry.....	\$500+
Flower bed with recognition plaque.....	\$1,000
Tree with recognition plaque.....	\$2,000
Picnic Table with recognition plaque.....	\$2,000
Stone bench with recognition plaque	\$5,000
Music Features.....	\$75,000
Quiet Retreat Pods.....	\$10,000/ea

CORPORATE RECOGNITION OPPORTUNITIES

A variety of corporate recognition opportunities are available starting at \$75,000

CORPORATE NAMING OPPORTUNITIES

Early Development Zone.....	\$250,000
Sway Zone.....	\$250,000
Spin Zone.....	\$250,000
Swing Zone.....	\$250,000
Climb Zone.....	\$250,000
Slide Zone.....	\$250,000
Nature Based Play Zone.....	\$250,000
Theatre Stage & Play Tower Zone.....	\$250,000

MAJOR GIFT LEVELS

Builder.....	\$1,000,000
Explorer.....	\$500,000
Climber.....	\$250,000

The La Crosse Area Autism Foundation is a registered 501(c)(3) non-profit organization. Therefore, your donation is 100% tax deductible. 100% of the donations go to funding the Trane Park Project. The EIN is: 45-4377291.



ALL ABILITIES TRANE PARK PROJECT DONATION FORM

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

All donors with gifts of \$500 or more will be recognized at the park entrance donor wall.

Gift Description:	_____
Gift Value:	\$ _____
Fulfillment:	<input type="checkbox"/> I/We would prefer to fulfill this pledge over time (maximum 3 years). Number of gifts: _____ Dates: _____

Please use the following name(s) or business name in all acknowledgments.

- This is a memorial gift, or a gift in honor of: _____
- I would like this to be an anonymous gift.

Signature: _____ Date: _____

Please return this pledge confirmation to the La Crosse Area Autism Foundation (LAF).

Check payable to:
 LAF/Trane Park Project
 317 S 4th Street #297
 La Crosse, WI 54601

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