



Mission Statement

To promote health and recreation for the Mundelein residents through funding efforts, to enhance facilities, services, programs, parks and special projects throughout the community

I want to support the Mundelein Park District.

Your name will be listed in acknowledgements as it appears below

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone (*home/cell*) _____

Email _____

Membership Level:

- Friend - Individual (\$25)
- Friends - Family (\$75)
- Park Investor (\$250)
- Corporate Sponsor (\$500)
- Corporate Conservator (\$2,000)
- Other _____

Method of Payment:

- Check, payable to Mundelein Parks Foundation
- Visa MasterCard Discover

Contribution Amount: _____

Credit Card Number Exp. Date

Signature

Mundelein Parks Foundation
1401 N. Midlothian Road, Mundelein, IL 60060
(847) 566-0650 x11 ☎ Fax (847) 566-8557
www.mundeleinparks.org
