

BLACK CANYON HERITAGE PARK

PO Box 33 - 33955 Old Black Canyon Hwy. Black Canyon City, AZ 85324

Phone: (623) 374-5282 Email: info@blackcanyonheritagepark.org facebook.com/blackcanyonheritagepark

Friends of Black Canyon Heritage Park

AGREEMENT

Annual Benefit / Level	Steward (\$500+)	Discoverer (\$250-\$499)	Curious (\$100-\$249)	Supporter (<\$100)
Recognition on BCHP Facebook page (within 30 days of donation, listed with level)	√	√	√	1
BCHP Facebook page (to 550+ followers)	4x per year	2x per year	1x per year	
Listing on BCHP website's "Ways to Help" page	√	√	√	
Recognition at all public events at the Park	√	√		
Your logo on event and program publicity in a special "Steward Friend" section	√			

Please check the FRIENDS level investment that you or your company wish to make. See next page for pledge payment options.

Steward -------\$500 or more
Discoverer ------\$250 to \$499
Curious ------\$100 to \$249
Supporter ----Other \$

First Name

Last Name

Name (person or organization) as it should appear in BCHP's promotional print and web materials

Website or Facebook URL as you want it to appear in BCHP's print and web materials

Rev: 2022-3-24



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Mailing Address	City/State/Zip
Phone	E-mail
Friend Pledge Options Payment in full at the time of the	e pledge - \$
Pledge \$ with \$	now; balance to be paid (date)
Payment Options PayPal (accepts credit cards) – Pl	lease go to http://bit.ly/BCHP-Donate
Check – Please send your check p	payable to "BCHP" with this completed form
Cash – Please bring to the park o	or give to Ann Hutchinson or Bob Cothern
Fundraising website/campaign (e	e.g. GalaBid, Facebook, etc)
Where to send completed form Email to info@BlackCanyonHerit	agePark.org
Mail to BCHP, PO Box 33, Black C	Canyon City, AZ 85324
Give to BCHP representative at n	meeting or at the BCHP visitor center
Use the Fundraising website/can	npaign process
	ng) to info@BlackCanyonHeritagePark.org nted output (Steward Friend level only)
Contact Person Contact Ann Hutchinson at 623-293-86	528 or info@BlackCanyonHeritagePark.org
For BCHP administrator to complete to Date of Pledge: Date of receipt of payment: Notes:	upon receipt and payments for this Agreement.

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