

Tulip Project Donation Form

Name: _____

Name to be placed on donor list: _____

Amount: \$200____ \$150____ \$100____ \$50____ \$25____ Other: _____

I would like my donation to support adding to Mental Health Tulips _____.

I would like my donation to support adding to Unity Tulips _____.

Drop off or mail donations to

City Hall

301-309 N Chestnut Street

Seymour, IN 47274

A list of donors will be shared each spring during the blooming season.