



City of Pleasant Valley Missouri

6500 Royal
Pleasant Valley, Mo 64068

816-781-3996

www.pleasantvalleymo.org

Donation Form

Date: _____

Name: _____

Address: _____

Phone: _____

Email address (if applicable): _____

Amount of Donation: _____

If donation is of items, please describe items being donated: _____

Intended use of donation (if a specific use is required): _____

Would you like to remain anonymous? _____

Can we use your name in press releases? _____

For internal use only

Employee accepting donation on behalf of the City (*please print*):

Signature: _____

Date: _____

- All cash donations must be **turned in** to the City Clerk for processing along with this form.
 - All donated items must be **reported** to the City Clerk for processing along with this form.
- City Code Chapter 110 and 125*

Employee in City Clerk's office (*please print*):

Signature: _____

Date: _____