



FOR OFFICE USE ONLY
Date Rcvd: _____
Picket # _____ of _____
Date installed: _____

Application for Dream Playground Donation
Form #PWP013 (rev. 11/2020)

Date: _____

This is your chance to support the Kenosha Dream Playground. In 2012, efforts were led to raise funds to build the Dream Playground in Petzke Park. The playground is a one-of-a-kind 15,000 square foot space for children of all abilities to play side-by-side.

Your donation dollars will go towards maintenance, upkeep and upgrades so all children can enjoy the Dream Playground for years to come. Your donation is greatly appreciated.

The playground is surrounded by a smooth, rubber surface for safe and easy navigation, and a continual ramping system that guides children to a myriad of things to do. The Liberty Swing, a therapeutic key-activated wheelchair swing is one of many highlights at the playground, as well as high-back swings and a unique round swing. The Dream Playground also features a wheelchair accessible merry-go-round, monkey bars, climbing walls and slides in varying heights and configurations to offer creative play for everyone. Activity centers throughout the space include whimsical musical instruments, mosaic artwork, and braille and sign language displays. You'll also find a number of fun replicas of Kenosha icons including two lighthouses, a ship, streetcar and an AMC Rambler car.

If you are looking to purchase Dream Playground Pickets, please use the forms #PWP004 Application for Dream Playground Fence Picket & #PWP004B Dream Playground Fence Picket [10 Pack]

Name: _____

Business (if applicable): _____

Address: _____ Phone: _____

Amount of Donation: _____

Method of Donation Payment – CASH, CHECK, OR CREDIT & DEBIT CARDS

(an additional convenience fee will be charged for credit & debit card use)

- Cash Check (payable to 'City of Kenosha') Credit Card Debit Card
(If using credit or debit card, please complete page two)

Return this form along with payment to:

**City of Kenosha,
KDPP Picket
625 52nd St – Room 305
Kenosha, WI 53140**

One (1) Time Credit or Debit Card Payment Authorization

(an additional convenience fee will be charged for credit use: 2.5% of the total, minimum charge of \$3.00)

Sign and complete this form to authorize _____ to make a one-time debit to your credit card listed below. Merchant's Name

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize _____ to charge my credit / debit card account
Cardholder's Full Name Merchant's Name

indicated below for \$ _____ on _____ in payment of _____.
Amount \$ Date Description of Goods/Services

Billing Information

Billing Address _____ Phone # _____

City, State, ZIP _____ Email _____

Card Details

_____ Visa _____ MasterCard _____ Discover _____ American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date _____ / _____

CVV _____

ZIP Code _____

I authorize the above named business to charge the credit / debit card indicated in this authorization form according to the terms outline above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature _____ Date _____