



<b>FOR OFFICE USE ONLY</b>	
Date Rcvd:	_____
Picket # _____ of _____	
Date installed:	_____

**Application for Dream Playground Fence Picket**  
**Form #PWP004 (rev. 11/2020)**

Date: \_\_\_\_\_

**Price: \$40 per fence picket**

This is your chance to own a piece of the Kenosha Dream Playground! The Kenosha Dream Playground Project is selling fence pickets, engraved to your specifications, to be used on the fence surrounding the playground. Due to the nature of the engraving process, we must receive 50 picket orders before we can begin the process. The pickets will be installed by the Department of Public Works once the engraving is completed. Thank you for your understanding of these constraints and for your contribution!

If you are looking to make a one-time donation to the Dream Playground, please use the form #PWP013 Application for Dream Playground Donation.

Name: \_\_\_\_\_

Business (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

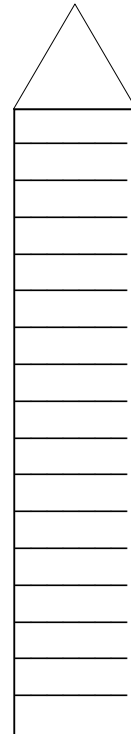
Cash     Check (payable to 'City of Kenosha')     Credit Card     Debit Card  
 (If using credit or debit card, please complete page two)

**Engraving Information**

-Maximum of 17 characters, including letters, numbers, symbols and spaces – no punctuation  
 -Symbols include:    &    ♥    ☺    †    ★

**Please print what you wish to have engraved (using all upper case letters) on the picket template at the right.**

We reserve the right to reject any inappropriate submissions.  
 No specific placement of pickets will be allowed.



**Return this form along with payment to:**

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

### One (1) Time Credit or Debit Card Payment Authorization

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 \_\_\_\_\_