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

Application for 10-Pack Dream Playground Fence Pickets
Form #PWP004B (rev. 11/2020)

Date: _____

Price: \$400 for 10 fence pickets

Can't say what you want in just 17 characters? We are now offering the opportunity for guaranteed placement when 10 pickets are purchased together: 170 characters total, only \$400. Messages can be spelled out vertically or horizontally (see example below). 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 three)

Engraving Information

-Maximum of 170 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 on the following page.

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

Example:



Return this form along with payment to:

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

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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 _____