



CITY OF FRANKLIN, OHIO  
**SPECIAL EVENTS DONATION PROGRAM**

NAME: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

PHONE: \_\_\_\_\_

I want to voluntarily donate the following monthly amount to support Special Events in the City of Franklin:

**\$1.00**

**\$2.00**

**\$3.00**

**\$4.00**

**\$5.00**

I understand that this monthly donation will continue until cancelled by me or until my account is closed. I understand that I can end this monthly donation at any time by contacting the City's Utility Billing Division.

\_\_\_\_\_  
Signature Date

Please Return Form To:

City of Franklin  
1 Benjamin Franklin Way  
Franklin, OH 45005  
Attn: Utility Billing Division

Or You May Include This Form With Your Utility Bill Payment

**THANK YOU FOR YOUR SUPPORT!!!!**