



The City of Harrisonburg offers a variety of opportunities for community members to participate in the enhancement of public spaces and programs through the gifting of public amenities, financial donations, or other gifts.

Final decisions on the acceptance, use, or placement of all donations will be made in accordance with the City of Harrisonburg Donation Policy, available on the City of Harrisonburg website:

Donation Information

Please indicate what you would like to donate.

- Financial donation to support general City operations. Please write the amount: \$
Financial donation to support a specific City department or program. Please write the amount: \$

Which department or program would you like your donation to support?

- Park Bench \$1,800
Trail Bench \$3,500
Downtown Business District Bench \$2,000
Tree \$500
Bicycle Repair Station \$3,500
Pollinator Habitat \$2,500

If you are interested in donating a Legacy Amenity (over \$10,000), which includes outdoor exercise equipment, playground or playground components, sport courts, or other suggestions, please contact the City Manager's Office at 540-432-7701.

Gifts of \$10,000 or less will be acknowledged with a certificate. If the gift is for purchase of a public amenity the donor will receive a description and/or map of the amenity's location.

City staff will work with donors of amenities valued at \$10,000 or greater to determine how to best acknowledge the donor's significant financial contribution.

Location and Site for the Donated Amenity

Location Name: (first choice)

Location Name: (second choice)

Renewals

If the term of your donation is about to expire, you may wish to renew the donation. The donation amount for renewal provides an additional ten years of maintenance.

What type of amenity do you wish to renew?

Current location of donated amenity:

## Donor Information

Name of Donor: \_\_\_\_\_  
*Last Name* *Given Name(s)*

Address: \_\_\_\_\_  
*Apt. No/Street No.* *Street Name*

\_\_\_\_\_  
*City* *State* *Postal Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Tax Information (Optional)

Same as Donor  Other

Name of Donor: \_\_\_\_\_  
*Last Name* *Given Name(s)*

Address: \_\_\_\_\_  
*Apt. No/Street No.* *Street Name*

\_\_\_\_\_  
*City* *State* *Postal Code*

## Additional Information

Please email this application to Amy Snider ([amy.snider@harrisonburgva.gov](mailto:amy.snider@harrisonburgva.gov)).

Applications may also be delivered or mailed to:

City of Harrisonburg  
City Manager's Office  
409 S. Main Street  
Harrisonburg, VA 22801

Please do not submit payment with this application. Once this application has been reviewed and accepted by City staff, you will receive an invoice with payment information.