

Raised Bed Sponsorship Request

By signing this agreement, you agree to maintain your sponsored bed and abide by all rules set forth above. Checks must be made out to: Town of Pulteney Garden. You will tend your space at your own risk.

Please indicate your preferred garden plot, if available:

_____ Print Name of Responsible Party
_____ Date _____ Signature of Responsible Party
_____ Address
_____ Phone
Number Home _____ Cell _____ Town
Representative Signature _____ Date _____
Donation Amount \$25.00 Form of payment _____

Received by:
