



**FRIENDS OF
WEEKI WACHEE SPRINGS
PARK BENCH
PROGRAM APPLICATION**

Name of Donor: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone No. (Incl. Area Code): _____

Alternate Phone No.: _____

Message to be written on the bench (50 letter limit):

_____.

Name to be written on the certificate: _____

Recipient Street Address: _____

Recipient City: _____ State: _____ Zip: _____

Friends of Weeki Wachee Springs State Park reserves the right to refuse any inappropriate messages.

Mail to: Friends of Weeki Wachee Springs State Park
P.O. Box 5346, Weeki Wachee, FL 34607
(Include check for \$600)
(Please allow 30 days for engraving and order of bench)

***Thank you for helping the Friends enhance our beautiful
Weeki Wachee Springs State Park!***