

Clinton River Spillway Bike Path Project

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

E-Mail: _____

Phone: (Home) _____

(Work) _____

(Cell) _____

Master Gardener: (Y) _____ (N) _____

For More Information

Please Call MSU Extension –
Master Gardener Program at (586)469-6440

I would like to work on the project
(Please check the following)

- May Workday* July Workday*
 September Workday* Self Directed**

* All seasonal workdays are the third Saturday of May, July and September from 8:30am - 3:30 pm.

** Contact MSUE for approval at (586) 469-6440.

I would like to attend the project education*

* Education is MG Certified for at least one hour. Educational programs are scheduled each workday from 8:30am - 9:30 am.

I would like to donate money* (please specify)

- Premier (min \$5,000) Silver (min \$500)
 Platinum (min \$2,500) Bronze (min \$250)
 Gold (min \$1,000) (under \$250)

* Make checks payable to MSU Extension and note the memo section: "Spillway Bikepath." (Tax deductible to the extent allowed.) Send this completed form and a check in an envelope to the address listed on the reverse side.

I would like to donate material (please specify)

- Supplies _____
 Plant materials _____
 Memorial Planting _____
 Other _____

21885 Dunham Rd., Suite 12
Clinton Twp., MI 48036

Place
First Class
Stamp
Here

MSU Extension, Master Gardener Program
Clinton River Spillway Bike Path Project
21885 Dunham Rd., Suite 12
Clinton Twp., MI 48036