

Marshalltown Parks and Recreation



Staff:

Anne Selness
Director

Brad Weuve
Parks Superintendent

Jennifer Hart
Recreation Supervisor

Becky Baedke
Administrative Assistant

Office:

10 West State Street
Marshalltown, IA 50158

Hours:

Monday – Friday
8:30 AM – 4:30 PM

Contact Us:

Office: 641-754-5715
www.ci.marshalltown.ia.us

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The Marshalltown Parks and Recreation Department wishes to express its deep appreciation for your support and participation in our Adopt-A-Bed Park Flower Planting Program in the past.

We ask your support for the current Adopt-A-Bed program to plant flowerbeds in Riverview Park in the spring. Flowers will be planted in several bed areas - south of the tennis and basketball court areas, one bed at the campground entrance and one bed along Woodland Street at the Community Building entrance. A plaque recognizing your generosity will be placed in the flowerbed you adopt.

A map with numbered beds and an adoption cost list of adoption choices is available.

Contributions are welcomed from any individual, business, organization or group. All donations to the City of Marshalltown are tax deductible.

Flowers are a beautiful addition to the park and thank you for your continued generosity.

Sincerely,

Marshalltown Parks and Recreation

2016 Riverview Park Flowerbeds

<u>Bed Number</u>	<u>Adopt-A-Bed Fee</u>
Bed 1	\$140.00
Beds 2, 12, 13	\$125.00
Bed 3	\$135.00
Beds 4, 8, 14	\$100.00
Bed 10	\$155.00
Bed 11	\$270.00

By Friday, March 11, 2016, please complete and return this lower portion to:

Marshalltown Parks and Recreation
Adopt-A-Bed Program
10 West State Street
Marshalltown, Iowa 50158

A plaque recognizing your generosity will be placed in the flowerbed you adopt. A check may be enclosed with your designation, or you will be invoiced for your bed amount.

If you choose not to adopt an entire bed but would be willing to contribute toward flowers, without plaque recognition, we appreciate that as well. All flowers will be planted in mid to late May.

Bed Number _____
Please list (1st choice) (2nd choice) (3rd choice)
(Beds are adopted on a first come, first served order.)

Name as you wish it to appear on plaque _____

Contact Person Name _____

Contact Person Phone _____

Address _____