## Leaf Raking Form

| NAME:   |
|---|
| ADDRESS:  |
| PHONE NUMBER :  |
|   |
|   |
| Method of leaf disposal (choose one):                               |
| BAGGING   |
| CURBSIDE PICK-UP  (PLEASE SPECIFY DEADLINE FOR CURBSIDE COLLECTION: |
| ☐ INTO A TREE LINE  |
| Payment Preference (choose one):                                    |
| ☐ GIVE PAYMENT TO THE RAKING SUPERVISOR                             |
| ☐ LEAVE PAYMENT WITH THE CHURCH ADMINISTRATOR                       |
| ☐ MAIL PAYMENT TO CHURCH  |