TOWN OF LADYSMITH

Working together to build our future

PARK BENCH DONATION PROGRAM

Sponsor Information:

First Name: _____ Initial: _____ Last Name: _____

Street Address:_____ PO Box #: _____

City/Town: _____Province: _____ Postal Code: _____

Hm. Phone: _____ Cell: _____ Email: _____

Date Applied: _____

Memorial To:_____
(print name)

Type of Bench: _____

Location Details

General Notes

Plaque Inscription: Please insert one letter/ square.
Recommended: Maximum 34 letters & spaces per line. Three lines.

OFFICE TO COMPLETE

Donation Amount Received: _____ Tax Receipt #: _____

Costs / Details: _____

Date Plaque Ordered: _____

Date Bench Installed: _____

Code: GL 10-271654 -1200 Wages, -1400 Benefits, -4411 Vehicle, -5930 Supply

A photo of the finished plaque and installed bench (if possible, include landmarks in photo) to be forwarded to the City Hall Memorial Registry (secretary's office)