

Parks Donation & Naming Request Form

Donor Name(s):					
Organization/Busines	s (if applicable): _				
Address:		Town:		State:	Zip:
Phone:		E-mail:			
Type of Donation:		Land Artwork	Bench/Furnishing Other:		
Proposed Location:	Park:	Location in Park:			
Description of Donation	on Request:				
Memorial Plaque Dor					
Pre-approved Tex					
••	tment must appro	ve all text for Me	emorial Plaques.		
Suggested			In Memory of: In	Celebration of:	Dedicated to:
Desired plaqu	e inscription:				
o Drill h	2.5" x 6.5" – No lar oles must be locat	ed ¼ inch from e	nes wide by 6.5 inches long each side edge. 10 inches wide by 10 inche		
Mounting Opt	tion: on an	approved obje	ect or Bench on th	he ground	
Naming:					
The Proposed	Name:				
If proposing to name a p good reputation in Willi	•		. .	locumentation of t	hat person's significance and
Department Use Only Current mark	/: et value estimate	of donation:	\$		_

Approved by: ______ Comments:

Date: _____