



# Community Services Memorial Bench Program

## DONOR INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## ITEM INFORMATION & LOCATION

Bench (6ft) installed on concrete pad \$3000.00

Engraving: (See next page)

In Memory/Honour of: \_\_\_\_\_

Preferred Location: \_\_\_\_\_ (attach a map or photo of agreed-upon location)

Special Instructions: \_\_\_\_\_

Invoice Required:  Yes  No

## TERMS & CONDITIONS

1. The donated item becomes the property of the City of Regina.
2. The donated item is intended for the use and enjoyment of the general public.
3. The City of Regina will attempt to accommodate the requested location of the donated item as closely as possible but reserves the right to make the final decision on placement based on environmental factors, such as underground utilities locations.
4. The City of Regina will maintain donated benches for a ten year period. At the end of the ten year period, the City of Regina reserves the right to relocate or remove benches without notice.
5. Plaques will be installed on the bench in manufacturer's location. No additional paraphernalia will be maintained.

**I have read and accept the above terms and conditions**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Director, Community Services (or authorized representative)



City of Regina

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## PLAQUE ENGRAVING PROOF

Please state what you would like to be included on the plaque, and sign off.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_