

MEMORIAL DONATION AGREEMENT FORM

| Donor Name: | |
|--|---|
| Donor Organization (if applicable): | |
| Address: | |
| Home Phone: | Work Phone: |
| E-mail: | |
| Park Requested for Memorial: | |
| Proposed Location: | |
| Bench or Tree type (description): | |
| Desired Tree Species (from Dept. list): | |
| Other item description: | |
| Plaque:YES NO (plaques are available | for benches only) |
| 2" x 10" bronze cast plaque Inscription: (Maxim | um of 4 lines; each line up to 56 spaces if using both |
| | oper case; if using 3 lines, one line can be larger font) |
| Line 1 | |
| Line 2 | |
| Memorial Pricing*: Memorial prices are \$700 for to on an existing concrete surface or replacement, \$200 for plaques that go on an existing bench | trees, \$2,500 for park benches with memorial plaque 5,600 approx. for park benches on a new concrete pad |
| relocated, Department staff will attempt to notify form. Donations may be tax deductible (please co | perty of the City. The City of Hillsboro does not If a memorial is vandalized, destroyed or must be the donor in writing at the address shown on this insult an accountant). By signing below, donor declares conditions set forth in the Memorial Donation and |
| Donor Signature | Date |

Submit completed form to:

Maria Rosa Davila Bores, Hillsboro Parks & Recreation, 4400 NE Century Blvd., Hillsboro, OR 97124 Phone: (503) 681-5319 Email: maria.davilabores@hillsboro-oregon.gov