

The Parks Memorial Sponsorship Program is a tribute to honour one or more persons for his/her past or present contribution to the community, to a service club project, in memoriam, as well as for other special events.

The City of Port Alberni invites individuals, organizations or service clubs to sponsor a park bench, picnic table, or tree or shrub.

All Memorial Sponsorship requests and donations must be deemed acceptable by the Parks, Recreation and Heritage Department.

- Sponsor agrees to City of Port Alberni location of memorial selection.
- Sponsor agrees to City of Port Alberni's right to relocate the park bench/picnic table/tree or shrub.
- City guarantees to maintain and/or replace damaged memorial selection.
- Payment is due on confirmation of order.

Name of Sponsor _____

Date _____

Park Bench

A variety of park bench styles strictly dependent on final location of memorial and availability of materials.

- Cost of this sponsorship:** \$2,500
- Graphic Image:** add \$100

Picnic Table

A variety of picnic table styles strictly dependent on final location of memorial and availability of materials.

- Cost of this sponsorship:** \$2,500
- Graphic Image:** add \$100

Tree and Shrub

Trees to be planted shall have a caliper size of 50 to 70 mm as measured 1.5 metres above the ground. The variety and size of the tree or shrub is strictly dependent on final location of memorial and availability of materials.

- Cost of this sponsorship:** \$1,500
- Graphic Image:** add \$100

Preferred Location of Memorial

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Please note the above are choices only and not deemed the final location of any memorial. The final location of all memorials are a result of an agreement between PR&H and the sponsor(s).

Plaque Inscription

Plaque Size 3" x 9"

Five lines of forty (40) letters and spaces per line permitted

Line 1	
Line 2	
Line 3	
Line 4	
Line 5	

Sponsorship Inscription

Name of Sponsor _____

Address _____

City _____ Postal Code _____

Phone (h) _____ (w) _____

Income Tax Receipt Information - As above or:

Name _____

Address _____

City _____ Postal Code _____

Phone (h) _____ (w) _____

Donation Amount \$ _____