

MEMORIAL SPONSORSHIP Program

For further information, contact:

Parks, Recreation and Heritage Department
4255 Wallace Street
Port Alberni BC V9Y 3Y6
Phone: 250-723-2181
Fax: 250-723-1035

Office Use Only:

Location of Memorial:

Type of Memorial:

☐ Tree/Shrub, or Rock

☐ SITE VISIT with Parks supervisor is complete. Confirmation email from Parks supervisor attached. _____

☐ Received form from customer. _____

☐ Draft sent to Foundry. _____

☐ Proof received from Foundry; customer contacted.

☐ Customer approved Foundry proof: _____

☐ Payment made. Emails sent to Parks supervisor, booking clerk, program secretary. _____

(Please date and initial in spaces provided)



Echo Centre 250-723-2181 | Echo Aquatic and Fitness Centre 250-720-2514
Alberni Valley Multiplex 250-720-2518 | Alberni Valley Museum 250-720-2863
4255 Wallace Street, Port Alberni, BC V9Y 3Y6



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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.

Signature of Sponsor

Date _____

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 \$ _____ Preferred location of bench _____

Tax receipts will be issued upon request.