

# **Memorial Bench Program Request Form**

## **Sponsor Information**

First Name				Last Name			
Street Number	Street Name			Suite/Unit Number			Suite/Unit Number
City			Province		Postal Code		
Telephone Number Alt Phone Numb		er		Email			

## **Preferred Bench Location**

Bench Location (If you have a specific	
spot)	
Preferred Park	

# **Bench Style**



# **Plaque Wording**

Personal Wording – Please draw/write what you would like the plaque to say. The City retains the						
ight to approve or deny any plaque design.						



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#### **Payment Information**

Total Cost: \$3570 + HST

#### The Fee covers:

- 10-year sponsorship, plaque, and installation.
- The City will replace the bench during the time frame of the sponsorship at the City's discretion.
- Due to damage or vandalism The city will replace the plaque at the cities expense for one year after the initiation of the sponsorship. After that the city will replace the plaque at the cost of the sponsor.

Memorial Bench Request Forms can be emailed to memorialprogram@welland.ca or dropped off to address below.

Payment can be made at: Welland Community Centre 145 Lincoln Street Welland, On L3B 6E1 ATTN:Forestry