



**VILLAGE OF SISTER BAY BENCH, PICNIC TABLE, PLAYGROUND EQUIPMENT AND/OR TREE FUND DONATION REQUEST**

Please check the item(s) you wish to donate:

Memorial/Honorary Bench - \$400.00 Each

Memorial/Honorary Picnic Table - \$400.00 Each

*Benches and picnic tables will only be maintained for 10 years or the life of the item, whichever comes first.*

Donation to the Playground Equipment Fund Amount: \$ \_\_\_\_\_

*(The minimum donation required for recognition on a plaque which will be displayed near the playground in Waterfront Park is \$400.)*

Donation to the Memorial Tree Fund Amount: \$ \_\_\_\_\_

*(All donations for trees will be deposited in the Memorial Tree Fund, and the Parks, Properties & Streets Committee will determine what species of trees shall be purchased and where those trees will be planted. The minimum donation required for recognition on a plaque which will be displayed in a prominent location in Waterfront Park is \$100.*

*IT WILL NO LONGER BE POSSIBLE TO PURCHASE INDIVIDUAL MEMORIAL TREES.)*

Contact Person(s) Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Desired Bench or Picnic Table Inscription: Due to space limitations the desired inscription can be no more than 23 characters long including spaces and the top slat must either read: **IN MEMORY OF** or **IN HONOR OF**. (Please circle the desired wording for the top slat and print the name(s) you would like to have appear on the second slat in the boxes below.)

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Name(s) to appear on the Playground Equipment Plaque and/or the Tree Plaque if the minimum donation for those items has been made:

Desired Location:

I have reviewed the maps of Waterfront Park and the Marina grounds and would like to donate:

Bench No. \_\_\_\_\_ depicted on the Waterfront Park Map.

Bench No. \_\_\_\_\_ depicted on the Marina Map.

I would like the above-mentioned picnic table to be placed at the following location. I realize that Village regulations may prohibit placement of such an object in the desired location, so I have designated an alternate location:

Alternate Location: \_\_\_\_\_

Please contact me when the above-mentioned item(s) has/have been placed.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

\$ \_\_\_\_\_ was received on \_\_\_\_\_ Check No. \_\_\_\_\_

Thank you!!!!