

# BENCH MEMORIAL ORDER FORM

## PERSONAL INFORMATION

### Purchaser's Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Send a gift letter to (if applicable):

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## SAMPLE PHOTOS



**LOCATION** No NEW benches at the following parks: Festival, Frontier, Lake Arlington, Memorial, North School, Pioneer, Museum, Recreation, Parks and Windsor Pky, StonegateTriangles, and the Rose Garden

Please install bench at \_\_\_\_\_ Park *(Subject to approval by the Park District)*

## MESSAGE

### Plaque (2"x10")

Print (or type), one letter per spot  
 Spaces and punctuation marks count as one letter  
 Maximum of 3 lines, 30 letters per line

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## PAYMENT

**Price:** \$2,500

Please complete this form  
 and send to:

### Mailing Address:

Arlington Heights Park District  
 Attn: Memorial Donation Dept.  
 410 N. Arlington Heights Rd.  
 Arlington Heights, IL 60004

**Email:** [memorial@ahpd.org](mailto:memorial@ahpd.org)

Cash or Credit Card (in person only)

Check      Check # \_\_\_\_\_  
 (Note: \$29 fee for returned checks)

Gift Certificate    \$ \_\_\_\_\_