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 Benches at the following parks: Festival, Lake Arlington, Memorial, North School, Pioneer, Recreation Parks and Windsor Pky 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

________________________________________
________________________________________
________________________________________

PAYMENT

Price: $1,800

☐ Cash (in person only)

☐ Check  Check # _____________
(Note: $20 fee for returned checks)

☐ Gift Certificate  $ _____________

☐ Visa  ☐ Mastercard  ☐ Discover

All credit cards are in person ONLY.

Mailing Address:
Arlington Heights Park District
Attn: Memorial Donation Dpt.
410 N. Arlington Heights Rd.
Arlington Heights, IL 60004

Email: memorial@ahpd.org