



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, Stonegate Triangles 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: \$2,500

Please complete this form and send to:

Mailing Address:

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

Email: memorial@ahpd.org

Cash or Credit Card (in person only)

Check Check # _____
 (Note: \$20 fee for returned checks)

Gift Certificate \$ _____