

# BENCH MEMORIAL FORM

Complete the following form and return with payment to:

**IN PERSON** any Oswegoland Park District facility  
**MAIL** Oswegoland Park District  
313 E. Washington St, Oswego, IL 60543

**ONLINE PAYMENT AVAILABLE**

## DONOR INFORMATION (individual or group)

**Name** \_\_\_\_\_

If a group donation, list a contact person \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

## GIFT LETTER (if applicable)

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

## BENCH DONATION

**Preferred Park** \_\_\_\_\_

**Preferred Location in Park** \_\_\_\_\_

(ex: Prairie Point Community Park. Location subject to Park District approval.)

## BRASS PLAQUE

**Plaque (2"x10")**

Print (or type), one letter per spot

Spaces and punctuation marks count as one letter

Maximum of 4 lines, 56 letters per line for upper and lowercase letters

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# BENCH MEMORIAL

## OSWEGOLAND PARK DISTRICT

