



**PARKS AND RECREATION DEPARTMENT
MEMORIAL DONATION AGREEMENT FORM**

Donor Name: _____

Donor Organization (if applicable) _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Park for Donation: _____

Proposed Location: _____

Bench, Table or Tree type (description): _____

Tree Desired Species _____

Other item description: _____

Plaque: _____ YES _____ NO (benches and tables include plaque)

Inscription: 3 lines with 45 characters per line maximum, including spacing and punctuation.

Memorial gifts to the City of West Linn are considered outright and unrestricted donations. The City of West Linn does not guarantee permanency of the accepted donation. If a memorial must be relocated, Department staff will attempt to notify the donor in writing at the address shown on this form. Donations may be tax deductible (please consult an accountant). The donor declares to have read the Memorial Donation Acceptance and Management Guidelines. The donor understands and agrees with the conditions set forth in this policy and agrees to pay the City any donation funds within one month of notification of Memorial Agreement approval.

___ I have read and understand the donation policy

Signature Donor

Date

Mail, fax or email completed form to :

Ken Warner, West Linn Parks & Recreation, 22500 Salamo Road #1100 West Linn OR 97068
Phone 503-557-4700 Fax 503-656-4106 kwerner@westlinnoregon.gov

FOR OFFICE USE ONLY

Accepted By _____ Date _____

Parks & Recreation Director _____ Date _____

Cost \$ _____ Paid \$ _____ Date _____

Exact Location verified _____

Inscription Proof reviewed by donor _____