

Township of Puslinch
Commemorative Bench and Tree Program Donation Form

All Donations will be evaluated by the Township prior to acceptance to determine whether the Donation meets the requirements of the Township's Donation Policy.

Thank you for your interest in the Commemorative Bench and Tree Program. Your donation will provide a lasting tribute to a loved one while enhancing our community spaces.

A minimum donation of \$20.00 is required to receive a donation receipt. The Township will issue an Official Donation Receipt in the name of the Donor for an Eligible Donation accepted by the Township and made payable to the Township within 7 business days from the date that the Donation clears the bank. The Official Donation Receipt will be issued electronically or by mail to the addresses provided on this form.

Name of Donor

First

Last

Mailing Address of Donor

Address Line 1

Address Line 2

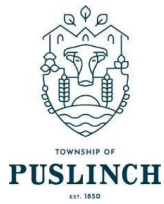
City

Province

Postal Code

Phone Number of Donor:

Email of Donor:



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City of Donor:

Backup Contact Information Name

First

Last

Backup Contact Mailing Address

Address Line 1

Address Line 2

City

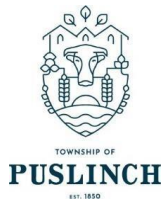
Province

Postal Code

Backup Contact Phone Number:

Backup Contact Email:

Backup Contact City:



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Donation Options:

- ☐ Commemorative Bench & Plaque
☐ Commemorative Native Tree & Plaque

Please select the purpose of the commemorative bench or tree. This will appear on Line 1 of the Plaque Inscription?

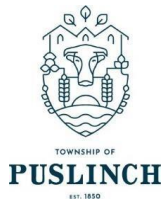
Donors will be acknowledged with a 6-inch by 3-inch commemorative plaque which will be flush mounted on the commemorative item. The commemorative plaque will recognize the commemoration and an inscription approved by the Township. Plaques will include two lines of writing, with a maximum of 20 characters per line.

- ☐ In Memory of
☐ In Tribute to
☐ To Commemorate
☐ In Honour of
☐ In Celebration of
☐ Other, please explain below

Other (if applicable). This will appear on Line 1 of the Plaque Inscription and can be a maximum of 20 characters:

Line 2 of Plaque Inscription (maximum of 20 characters):

Example: John Doe Family. Township staff will approve all final plaque wording.



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Credit Card Number:

Name of Card:

Freedom of Information Disclaimer

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of processing this request and is maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information may be directed to the Township Clerk's office. The Township of Puslinch is committed to providing accessible formats and communication supports for people with a disability. If another format would work better for you, please contact the Township Clerk's office for assistance.