



Memorial Program Application

Name	of Dono	r:			Phone:										
Addres	ss:														
Email :															
Please	check b	ox(es):		Bench		Bri	ick	T	ree						
	refer to nents wi						rogram	Pamph	let for _l	permitt	ted pro	ducts	and		
Ве	nch or T	ree Opt	ion Nu	mber or	Descrip	otion: _									
Pa	Park Location:														
Bench Plaques and Brinks Only : Use provided boxes below for proposed wording for plaque or brick inscription. PLEASE PRINT															
S	А	М	Р	L	E		Т	E	Х	Т					
be cha Ad	ease Not nch sele aracter e ministra	cted an each, Al itor. A p	d is incl L CAPS	uded in , includi	your co	ontribu es. All	tion. A text is s	brick ca subject	n conta to appr	ain up t oval by	o three the Di	lines strict	of 15		
• Genera			ces Mai	nager wi	ill reviev	w the ai	oplicatio	n prior	to the f	inal apr	oroval b	v the I	District		
	 The Parks Services Manager will review the application prior to the final approval by the District Administrator. 														
•				ounts: Br	-	•	-	-	•	-		•			
•	Once th		cation h	<i>may be d</i> as been											
•	Questic	ons or C	ommen	ts - Plea	se conta	act <u>info</u>	<u>@carmi</u>	chaelpa	irk.com	or (916	5) 485-5	322.			
Donor Signature:								Date:							
CRPD /	Approva	l:						Date:							