



Parks Services Donation and Memorial Program Application

Date of Application: _____

Donor Information:

Name (please print clearly):

Address: City, Province, Postal Code

Telephone Number/Mobile Number:

Email Address:

Collection of Personal Information: Your personal information, including your credit card information, is collected in accordance with the Municipal Act, 2001 for the purpose of Park Donations or Memorial Gifts. For more information regarding the collection of your information, please contact the Manager of Regulated Services at 705-674-4455, extension 2446, 200 Brady St., Sudbury, Ontario.

Tax Information:

Same as Donor Other

Name (please print clearly)

Address: City, Province, Postal Code

Select Type of Park Donation or Memorial Gift

- Park bench
- Tree (hardwoods and conifers)
- Bike rack
- Picnic table
- Sun shelter
- Sports equipment (basketball and tennis nets, soccer goals)
- Playground structure
- Other

Location Item is to be Installed: _____

Note: Prior to submitting the donation the location must be verified by authorized City Park staff

Income Tax Information: A tax receipt will be made out to the person writing the cheque unless a letter is provided at the time of payment indicating the individual donor names, addresses and amounts.

Signature: _____ Date: _____