



## Memorials and Donations Application

### Memorial Information

Person(s) or occasion being memorialized: \_\_\_\_\_

Memorial type: \_\_\_\_\_

Location: \_\_\_\_\_

Inscription: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Donor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

I agree to make the above designated donation to the South Suburban Park & Recreation District. The parties acknowledge that the intent of this program is to place and display memorials in perpetuity, barring circumstances which would necessitate the memorial being removed, moved, stored, or modified. South Suburban will dedicate a good faith effort to the memorial's preservation, but bears no liability in any nature. Donor further acknowledges that it retains no property or other rights regarding the memorial.

**Signature:**

**Date:**

**For Staff only:**