



MEMORIAL BENCH PROGRAM APPLICATION

Applicant Name: _____

Address: _____

Telephone: _____ Email: _____

Proposed site for bench: _____

Plaque Text:

In Memory of _____

Date of Birth: ___/___/___ to Date of Death: ___/___/___

Text (limit of 40 characters, including spaces & punctuation)

Bench Cost: \$ 1,000.00

Please complete the above form and send it along with a \$1,000.00 check payable to "Gorham Parks and Recreation Department" to:

Gorham Parks & Recreation Department

33 Exchange Street, Gorham, NH 03581

Payment must be received in full prior to the memorial bench being ordered.

Bench typically ships in 3 to 4 weeks.

FOR OFFICE USE ONLY Check Received on ___/___/___

Deposited by _____ Order Placed ___/___/___