

Box 100 | 7400 Prospect Street Pemberton BC V0N 2L0

P: 604.894.6135 F: 604.894.6136 admin@pemberton.ca www.pemberton.ca

## **COMMEMORATIVE DEDICATION APPLICATION FORM**

| Applicant/Donor Name:_      |              |           |                                 |             |
|-----------------------------|--------------|-----------|---------------------------------|-------------|
| Mailing Address:            |              |           |                                 |             |
| Contact Number:             |              |           | Email :                         |             |
| Amount of Donor Contrib     | oution:\$    |           | Tax Receipt Required: Yes       | No          |
| Additional Donors:          |              |           |                                 |             |
| Donor #2 Full Legal Na      | me:          |           |                                 |             |
| Mailing Address:            |              |           |                                 |             |
| Tax Receipt Required: Y     |              |           | Contribution Amount:\$          |             |
| Donor #3 Full Legal Nan     | ne:          |           |                                 |             |
| Mailing Address:            |              |           |                                 | <del></del> |
| Tax Receipt Required: Y     | es l         | No        | Contribution Amount:\$          |             |
| Donor #4 Full Legal Nan     | ne:          |           |                                 | <del></del> |
| Mailing Address:            |              |           |                                 | <del></del> |
| Tax Receipt Required: Y     | res N        | 10        | Contribution Amount:\$          |             |
| (if required, please list a | dditional do | nor(s) ir | nformation on a separate sheet) |             |
| Recipient Name:             |              |           |                                 |             |
| Feature Choice:             | Bench        |           |                                 |             |
|                             | Picnic Table |           |                                 |             |
|                             | Bike Rack    |           |                                 |             |
|                             | Planter      |           |                                 |             |
| Describe proposed local     | tion of Com  | memora    | ative Feature:                  |             |
|                             |              |           |                                 |             |
|                             |              |           |                                 |             |

| or Office Use Only:  ee Received:        | o admin@pemberton.ca or to the Village Office (74 |
|--|---|
| or Office Use Only: ee Received:         | Receipt Number:                                   |
| ee Received:                             |   |
|  |   |
|  | Date Item Installed:                              |
| ate Approved:<br>greement signed: Yes No |   |
| greement Expiry Date:                    |   |
| Authorized By:                           |   |
| lanager, Operations & Projects           |   |
| omments:                                 |   |