



PARK BENCH Order Form



Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Bench Information:

There will be a 4x6 plaque attached to the side of the bench. Please note there are only 20 characters per line. Empty characters between information must be counted. All plaques and final bench location are subject to approval by Canton Parks.

REQUESTED Bench Location (please be specific):

Park: _____

Area within park: _____

PLEASE PRINT CLEARLY (Only one character per space, 20 characters per line).

We recommend *In Honor Of* or *In Memory Of*.

Line 1																			
Line 2																			
Line 3																			

Purchase Price of Bench: \$900.00 Check #: _____

Please mail your check (made out to City of Canton) and attached form to our office at the address below for approval. Mail or Hand Delivery to: Canton Parks and Recreation, 1615 Stadium Park Dr. NW, Canton, OH 44718