TOWN OF VEGREVILLE
PARKS, RECREATION & FACILITIES

4509 48 Street | PO Box 640
Vegreville, AB T9C 1K8
780.632.6403
vegreville.com

APPENDIX A: LEGACY GIVING PROGRAM APPLICATION

Donor Information

NAME: _____ **DATE:** _____

ADDRESS: _____ **POSTAL CODE:** _____

TOWN: _____ **PROVINCE:** _____

PHONE: _____

EMAIL: _____

Dedication Information

☐ BENCH ☐ TREE ☐ PLAQUE

PREFERRED LOCATION: _____

REQUEST FOR CEREMONIAL GATHERING? ☐ YES ☐ NO

INSCRIPTION ON PLAQUE: _____

_____

_____

_____

_____

The Parks, Recreation & Facilities Manager will contact the Donor within ten (10) business days of receiving this form to determine the details of your Dedication request and any Dedication fees. No purchases will be made until all Dedication fees have been paid in full.

OFFICE USE ONLY

APPLICATION RECEIVED (DATE): _____

TOTAL PAYMENT RECEIVED: $ _____ **RECEIPT #:** _____

_____ _____

Signature
Parks, Recreation & Facilities Manager

Date of Dedication Approval