



COMMUNITY GIFTING PROGRAM - ORDER REQUEST FORM

PRIMARY CONTACT

Date		
Name		
Address		
City		Postal Code:
Email		
Phone	(work)	(cell)

ALTERNATE CONTACT

Name		
Address		
City		Postal Code:
Email		
Phone	(work)	(cell)

ITEM REQUESTED

ITEM	PRICE
□Park Bench w/ plaque	\$1750

COMPLETION DATE REQUESTED

possible	e) – all	location	s require th	ne appro	val of th	e City of	Lethbrid	lge.	
-	List mu	tiple option	ns if possible						
		datab	• Note: This pase purpo			<u>T</u> appear	on the p	olaque , it is	for
To who dedica		n is							
PLAQ l	JE INS	CRIPTIO	N (maximu	um 4 lines	/ 24 cha	aracters/lir	ne (includ	ding spaces)	
1									
2									
3									
4									
PAYM □Cas		\ETHOD □Debit	□Credit	□Che	que (pa)	yable to	City of Le	ethbridge)	
Signo	ature								
Da	te								

PREFERRED LOCATION (provide a text description and attach drawing/map if

Attach Signature, complete at payment, or print off form and sign if mailing

*A Tax Receipt will be issued for donations of \$20.00 or more.

If payment will be shared between multiple parties please fill out the amount and contact information for each individual receipt*

□ Receip	ot of \$1750.00 for the Primary	Contact Only
_	ot for the Primary Contact in the lowing additional payees	he amount of \$as well
Amount		
Name		
Address		
Email		
Phone	(work)	(cell)
Amount		
Name		
Address		
Email		
Phone	(work)	(cell)
Amount		
Name		
Address		
Email		
Phone	(work)	(cell)
Amount		
Name		
Address		
Email		
Phone	(work)	(cell)

FOR INTERNAL USE ONLY				
Project Name (Dedicatee (Donor))				
Location Approval (sign+date)				
Tax Receipt Issued?				
Plaque(s) Order Date				
Work Order #/Date to Amenities				
Date Completed				
Asset ID / Date				