



MEMORIAL DONATION AGREEMENT FORM

DONOR NAME:	
PHONE NUMBER(S):	
ADDRESS:	
CITY, STATE, ZIP CODE:	
EMAIL(S):	
MEMORIAL LOCATION:	
REQUESTED INSTALLATION DATE:	
SPECIES/CULTIVAR:	
PLAQUE TEXT INFO:	
VALUE OF MEMORIAL:	
10% OF VALUE OF MEMORIAL FEE DUE:	
MEMORIAL DESCRIPTION (INCLUDE DIMENSIONS, COLOR, MATERIAL, ETC.)	

Memorial gifts to the City of Rock Springs are considered outright and unrestricted donations. The City of Rock Springs does not guarantee permanency of the accepted donation. If a memorial must be relocated, Parks and Recreation Department Staff will attempt to notify the donor, in writing at the address shown on this agreement form. Donations may be tax deductible (please consult an accountant). The donor declares to have read the Memorial Donation Acceptance and Management Guideline. The donor understands and agrees with the conditions set forth in this policy and agrees to pay the City of Rock Springs any donation funds and the 10% maintenance fee within one (1) week of notification of Memorial Agreement approval.

Donor (Print name then add Signature and Date):

FOR OFFICE USE ONLY:

ACCEPT _____ DENY _____

REASON: _____

SUPERVISOR: _____ Date: _____

DIRECTOR: _____ Date: _____