



MEMORIAL BENCH PROGRAM

Name: _____

Address: _____

City, State, ZIP: _____

Email: _____

Telephone: _____

Desired Bench Location (location will be approved by dept. manager): _____

Please choose plaque or etching option:

1. Oval or rectangle plaque (size dependent on bench) _____
2. Etching on back of bench _____

Text (Mandan Parks and Recreation will send design for approval)

Cost of Memorial Bench is dependent on material, size and location of bench. To determine the cost of your Bench Memorial please call or email Kelly Thomas at 701.751.0692 or kthomas@mandanparks.com.

Mail this form, along with your payment payable to:

Mandan Parks & Recreation Foundation
ATTN: Memorial Bench
2600 46th Ave. SE
Mandan, ND 58554

Amount Enclosed: _____

If you have questions regarding the Bench Memorial contact Kelly at 701.751.0692.

The Mandan Parks & Recreation Foundation is a 501 (c) (3) tax exempt corporation.