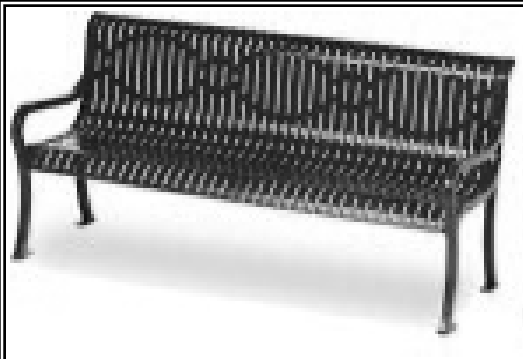
CITY OF FORT THOMAS
Recreation Department

Memorial Bench Program



Contact/Donor: **Name:** _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Wording on Plaque: _____

(Std. 8" x 3") _____

(3 lines 20 to 23 characters per line) _____

Location: _____

Size/Style/Color: **4 or 6 foot — Black Rib with Arms**

A $ 450.00 **Non-Refundable** deposit is required with order.

Benches are fabricated from aluminum permanent-molded castings for the highest grade of finish available. Benches have a five year manufacturers warranty. Benches are installed by the General Services Department within 4 to 6 weeks of order.

I (print)_____ understand the above terms and conditions of the memorial bench program. I agree that the above information is correct. I agree to pay within ten (10) days of receipt of invoice.

Signature _____**Date**_____

Office Use Only:

Deposit Date: _____ Amount: _____Ck or Cash:_____

Order Date: _____ Installation Date: _____Billing Date: _____