

Staff use only	
Staff member:	
Date:	
Donor no.:	
Bench no.:	

Bench donation enquiry/application

Donor details			
First Name:		Surname:	
Address:			
Home phone:		Mobile:	
Email:			

Bench details	
Bench number (if known):	
Preferred location:	

Dedication details	
Dedicated to:	
From:	
Occasion:	
Wording for plaque:	
Plaque policy provided and accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment details			
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque No	<input type="checkbox"/> Direct deposit	
Credit card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Name on card:			
Card number:		Expiry Date:	
CCV:			

Donor declaration	
Approval for recognition in Foundation publications::	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dedication policy provided and accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare that the information provided in this application is true and correct at the time of signing.

Signature:	Date
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