

## City of Owatonna Parks and Recreation Department

### Memorial Donation Agreement/Order Form

Donor Name: \_\_\_\_\_

Donor Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Park for Donation: \_\_\_\_\_

**Proposed** Location: \_\_\_\_\_

Item: _____	6' Courtyard Bench with Plaque	\$ 2,750.00
_____	6' Stix Bench (*plaque additional)	\$ 3,650.00
_____	6' ADA regular Picnic Table (*plaque additional)	\$ 1,520.00
_____	ADA Square Picnic Table (*plaque additional)	\$ 3,000.00
_____	ADA Drinking Fountain with Plaque	\$ 4,250.00
_____	ADA Drinking Fountain with Pet Fountain and Plaque	\$ 5,100.00
_____	Pet Waste Station (*plaque additional)	\$ 325.00
_____	ADA Park Grill (*plaque additional)	\$ 750.00
_____	ADA Fire Pit with grate (*plaque additional)	\$ 650.00
_____	Bike Repair Station (*plaque additional)	\$ 3,900.00
_____	Landscaping	\$ varies
_____	ADA Raised Flower Garden	\$ varies
_____	Dog Park Amenity	\$ varies
_____	*Ground installed plaque	\$ varies
_____	Other request: _____	\$

