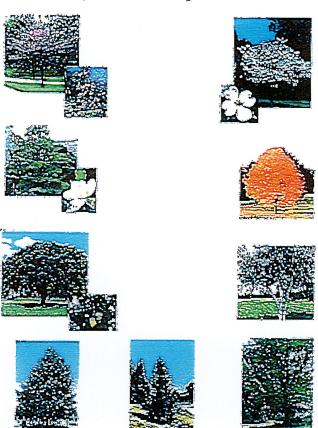
Application

Donor Name: SUSAINA GASPAY
Address::
City/State/Zip:
Phone Number: —— Email:_
Donated in memory of/honor of: JUSIL A. GASPAV
Text to display on plaque (optional):
Send a note of acknowledgement to:
Name: Susana Gaspar
Address:
State: Zip:
Please make checks payable to City of New Bedford

□Tree - \$400+

Please know that the cost of your tree depends on the variety and size. Examples:



Bench - \$750+

Ash ley Park in front of Govia Savare nch will be chosen based on parkers is to be located, consistent

The style of your bench will be chosen based on the park in which it is to be located, consistent with the parks current standard.

Plaque - (optional)

With approval of the Park Board, applicants will purchase their bench plaque through the authorized vendor. Plaque material, font, and style will conform to the City standard.



In addition to or in lieu of a plaque, your generous donation will be celebrated on the City of New Bedford Parks Recreation & Beaches webpage.

Concerning benches, the life of your memorial is intended to correspond with the useful life of the park bench — about ten (10) years. The Department is not responsible for damaged or missing plaques. Permanency of your memorial cannot be guaranteed and memorials and plaques will not be replaced at the cost of the Department.

The Department is not responsible for the damage of benches or trees, or damaged/missing plaques. The Department reserves the right to relocate a bench if the use of the site changes or to ensure visitor safety. Trees are guaranteed for one (1) year from installation.

Application ID #:	
Date of Submission:	
Received By:	