



City of Gwinner

Memorial Donation Program

Name / Memorial Sponsor: _____

Address: _____ **State:** _____ **Zip Code:** _____

Daytime Phone: _____ **Cell Phone:** _____

Email Address: _____

Type of Memorial: _____

(Options: Bench, Tree, Bleachers, Garbage Bin, Playground Equipment, Memorial Flag, etc.)

Who is Memorial for: _____

Desired Park & Location: _____

Verbiage on Plaque:

Logo On Plaque: **Yes** **No** *Please provide a PDF of Desired Logo*

Cost: **(Varies between Memorial Types – Please contact the city office)**

Signature: _____ **Date:** _____

Mail form to: City of Gwinner PO BOX 425, Gwinner ND 58040

If you have any questions on eligible memorials or other information, please contact
Jessica Peterson at the City Office: (701) 678-2409