Submit application to:

Mail: City of Racine PRCS 800 Center St., Room 127

Racine, WI 53403
Email: Prcs@cityofracine.org



Installation	scheduled	for:

DONATION PROGRAM APPLICATION

I wish to make the following donation to support the City of Racine Parks, Recreation and Cultural Services. I understand that final decisions on the acceptance, use or placement of all donations will be made in accordance with the PRCS Tree and Bench Donation Policy.

decisions on the	acceptance, use or	placement of all donations v	vitt be made i	in accordance with the	Thes free and benefit bollation rolley.
TREE					
your behalf at r	no cost during either e sizes and species	the spring or fall planting s	eason. The Cation. The plant	ity Forester has final a anting conditions for t	Forestry division will plant the tree on approval of all tree requests. Requests he selected location will impact final
Approximate d	esired location (e.g.	, name of park, trail, street):			
☐ Bronze pla	aque 🗌 Map o	f location is attached			* Pricing subject to change
BENCH					
6' Standar	d Park Bench	6' Vista Park Bench		Bronze plaque only	
Approximate d	esired location (e.g.	, name of park, trail, street):	☐ Map of I	ocation is attached	* Pricing subject to change
phrases such as: II dates are not pern Row 1: Row 2:	n Loving Memory of, D nitted. No logos of any l		recognition plac you desire ano	que is not intended to serv her form of plaque, pleas	hould be as brief as possible and is limited to re as a memorial marker; birth and/or death e contact the PRCS office.
■ MONETARY	DONATION				
DONATION OF		PRCS department also accept			pecial projects or needs. Donors can planting, programs and recreational
DONOR CONTA	ACT INFORMATION:				
Name:					
Address:					
City:		State:			Zip Code:
Phone:		Email:			
Office Use Only:	oval· Yes No	Date Approved:			Total payment due:
PRCS Director Appro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Initials:	Total payment received: Date: