Memorial Bench Donation Agreement

I (Full name): ____________________________________________________________________

of (Address): _____________________________________________________________________

Phone: ______________________________     Email: ___________________________________

Hereby donate a memorial bench to the City of Winnipeg Cemeteries Branch to be located in

(Select one): □ Brookside Cemetery       □ St. Vital Cemetery        □ Transcona Cemetery

Subject to the following specific rules and the Cemetery Rules and Regulations, currently in force:
• The bench remains the property of the City of Winnipeg;
• The Municipal Cemeteries Branch will guarantee the maintenance and upkeep of the bench for a
  10-year period;
• The bench is intended for general use by users of the municipal cemetery. No flowers or other
  forms of memorabilia may be attached to the bench. The Municipal Cemeteries Administrator
  reserves the right to remove and dispose of all memorabilia found attached to, or laying on or
  around the bench; and
• At the end of the 10-year period the Municipal Cemeteries Branch reserves the right to remove
  the bench.

For office use only:

Location of bench: ________________________________________________________________
(e.g. Beside Memorial Boulder #65)

The Municipal Cemeteries Branch will attempt to accommodate the requested location of the
bench as closely as possible but reserve the right to make the final location decision.

The cost to donate a bench is listed on the current Cemetery Branch Schedule of Fees and
Charges, available for download from the Municipal Cemeteries website, or by contacting the
Customer Service Advisors at 204-986-4348 (GST/PST Exempt).

Payment may be made by: cash, visa, M/C, Amex. Interac, or Cheque* made payable to “The City
of Winnipeg”.

*For payments made by cheque we are unable to process this request until the monies have been cleared.

☐ I have read and understood the above terms and agree to be bound by them.

Signature: ______________________________     Date: ___________________

For office use only:

Paid by: ☐ Cheque       ☐ Visa       ☐ Amex       ☐ Interac       ☐ M/C       Cash
Date paid: __________________     Date Ordered: ________________     CSA: ________________