

## Guidelines

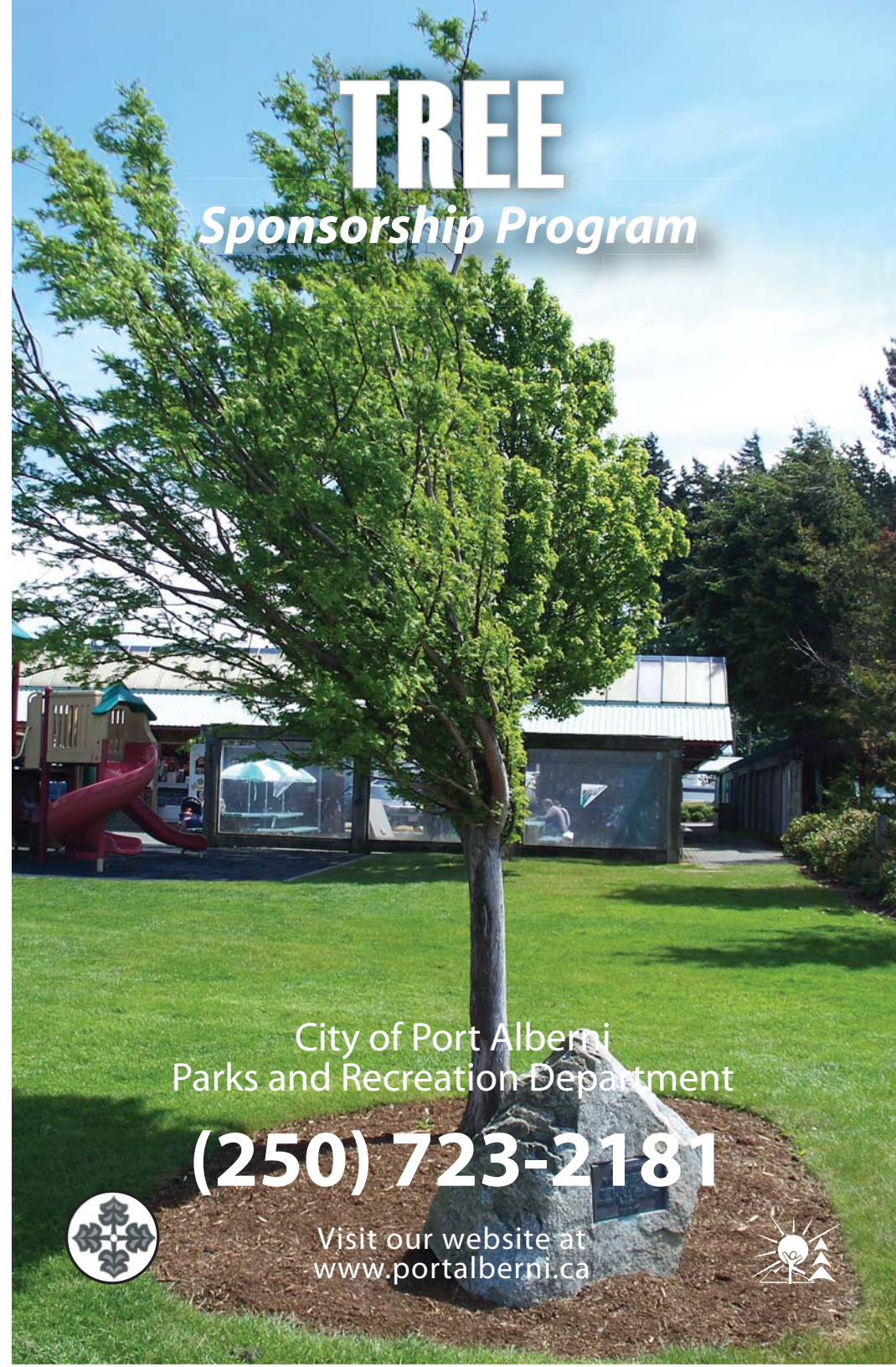
- Sponsor agrees to City of Port Alberni location of tree.
- Sponsor agrees to City of Port Alberni's right to relocate the tree.
- City guarantees to maintain and/or replaced damaged tree to its original species and size.
- Payment is due on confirmation of order.

Signature of  
Sponsor

Date

For Further Information, Contact

Parks and Recreation Department  
Phone: (250) 723-2181  
Fax: (250) 723-1035  
E-mail: [scott\\_kenny@portalberni.ca](mailto:scott_kenny@portalberni.ca)  
4255 Wallace Street  
Port Alberni BC V9Y 3Y6



# TREE

## Sponsorship Program

City of Port Alberni  
Parks and Recreation Department

**(250) 723-2181**

Visit our website at  
[www.portalberni.ca](http://www.portalberni.ca)



The City of Port Alberni Parks and Recreation Department, invites individuals, organizations or service clubs to sponsor a tree.

## Tree and Shrub Selection

Trees to be planted shall have a caliper size of 50 to 70 mm as measured 1.5 metres above the ground. The variety and size of the tree or shrub and the preferred location to be planted must be acceptable to Parks and Recreation staff.

This Parks Tree and Shrub Donation Program may be a tribute to honour one or more persons for his/her past or present contribution to the community, to a service club project, in memoriam, as well as for other special events.

Cost of this sponsorship is \$1,500 to pay for the tree purchase, planting and maintenance, as well as the purchase of the donation board plaque which will be mounted in a concrete block placed at the base of the tree. Please indicate your wording in the space below.

All Park Tree and Shrub Sponsorship requests and donations must be deemed to be acceptable by the Parks and Recreation Department.

### Plaque Inscription

Plaque Size 3" x 9"

Five lines of forty (40) letters and spaces per line permitted.

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### Sponsorship Information

Name of Sponsor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Income Tax Receipt Information - As Above \_\_\_\_\_ or \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_ Preferred Location of Bench \_\_\_\_\_