



**Town of St. Albans
Request for a Memorial or Community Gift
Form**

Name of Requester: _____ Date: _____

Address of Requester: _____

Phone: _____ Email: _____

Type of memorial/gift request:

- | | |
|---|--|
| <input type="checkbox"/> Memorial Stone | <input type="checkbox"/> Leaf on Memorial Tree |
| <input type="checkbox"/> Window Memorial | <input type="checkbox"/> Window |
| <input type="checkbox"/> Metal Bench | <input type="checkbox"/> Granite Block/Seat |
| <input type="checkbox"/> Granite Bench → Location: _____ | |
| <input type="checkbox"/> Granite Bench w/back → Location: _____ | |
| <input type="checkbox"/> Interior Door | <input type="checkbox"/> Exterior Door |
| <input type="checkbox"/> Roof | <input type="checkbox"/> Terraces |

Donation Amount	Recognition Item
\$500	Leaf on Memorial Tree
\$1,000	Stone Under Memorial Tree
\$3,000	Granite Block/Seat
\$3,000	Metal Bench
\$4,000	Interior Doors
\$5,000	Window Memorial
\$5,000	Granite Bench
\$7,000	Granite Bench with back
TBD (\$10,000 - \$15,000)	Exterior Doors
TBD (\$30,000 - \$50,000)	Roof Restoration
TBD (\$30,000 - \$50,000)	Terrace Restoration

Name and message for the memorial: _____
