



Any Personal Information provided in completing this form is collected in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. The information will be used to administer the Commemorative Park Bench and Tree Program and to correspond with the person responsible for the donation or purchase. Questions about the collection should be directed to the program contact email or phone number.

As per the City of Hamilton’s Donation Policy, the City will solicit and receive donations of funds, services and goods that enable it to reduce the cost of approved projects and programs; enhance existing services that do not increase operating costs; and finance desired projects and services that are not funded from the tax levy or other municipal sources.

**To: The City of Hamilton (the “City”) I, (First and Last name of donor) \_\_\_\_\_**  
\_\_\_\_\_, wish to make a donation “The Donation” to the City of Hamilton  
Commemorative Park Bench and Tree Program on the following terms:

<p><b>1. Use of “The Donation”</b> The Donation is to be used by the City to purchase, install and maintain on City property the number of trees indicated below (the “Trees”): <b>Number of Trees I am donating: _____ x \$870.00</b></p> <p><b>2. Donation(s)</b> <b>Cheques to be made payable to the “City of Hamilton”. Mail or bring your cheque and agreement to:</b> Hamilton City Hall Attention: Administrative Secretary, Parks and Cemeteries, Environmental Services, Public Works 71 Main Street West, Hamilton, ON L8P 4Y5</p> <p><b>3. Agreement to Conditions</b> <b>I acknowledge and agree to the following conditions:</b></p> <p>(a) all trees will be supplied and installed by the City, no Trees will be purchased or planted until the City has received payment in full of “The Donation” and a completed and signed Donation Agreement;</p> <p>(b) if I also purchase a plaque, it will be by separate agreement. I understand that not all sites are suitable for plaques.</p> <p>(c) the City will have the right to make the final decision as to species. The Trees will generally be deciduous with a diameter of 50-70mm (2 – 2.8 inches);</p> <p>(d) the program is open to actively managed parks within the City of Hamilton deemed eligible by the program. I understand not all Park properties and specific locations within a Park property are suitable for a Commemorative Park Tree donation. Therefore, the City shall have the right to make the final decision as to location.</p>	<p>(e) the City will install commemorative trees as per the Program Timelines, excluding extenuating circumstances (detailed timelines available on the program webpage or by request);</p> <p>(f) the placement of memorial wreaths, flowers or any other item in the vicinity of the Tree is prohibited;</p> <p>(g) in addition to the cost of the Tree, my donation covers the costs of upkeep and maintenance of the Tree for a duration of five years and, if required, one replacement within that time, together with applicable taxes. If the Tree dies after it has been installed for five years, it will not be replaced under the Program, however a new donation can be made under a new agreement if an extension is desired.</p> <p>(h) the City will have the right to relocate or remove the Tree if necessary due to any circumstance. Prior to any relocation or removal, the City will attempt to contact me;</p> <p>(i) donors will be contacted using the most recent address on file with the Commemorative Park Bench and Tree Program, it is my responsibility to notify The Commemorative Park Bench and Tree Program of any changes to my contact information;</p> <p>(j) if any part of my payment is not needed to purchase, install, maintain, replace or relocate Trees donated under this Agreement, the balance shall be used to provide and maintain Trees and Benches in City parks.</p> <p><b>4. Receipt for Tax Purposes</b> The City will issue me a receipt for tax purposes in respect of The Donation to the extent permitted by the Income Tax Act. For tax receipt purposes, please ensure that donor name(s) and address are included with the forms if different from the applicant.</p>
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**Preferred Tree Location and Species Selection**

Please provide your top 3 parks and preferred species below. Review Eligible Park information and Species List on Program webpage for Tree location eligibility and species choices.

<b>Park Name</b>
<b>Example:</b> Inch Park
1.
2.
3.
<b>Preferred Species:</b>

**Contact Information**

\_\_\_\_\_  
**Donor Full Name (Print)**                      **Signature**                      **Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**                      **Province**                      **Postal Code**

\_\_\_\_\_  
**Primary Phone Number**                      **Alternate Phone Number**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Witness Full Name (Print)**                      **Signature**                      **Date**



**Optional: Receipt for tax purposes if different from above or for multiple donors please include the following information for each donor:**

<b>Donor Name</b>	<b>Email</b>	<b>Donation Amount (\$)</b>