

Memorial Bench Application

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL/PHONE: _____

Add'l Contact for Renewal: Name _____

Email _____ Phone _____

NAME OF DECEASED: _____

RELATIONSHIP TO MAYFIELD VILLAGE (please be as specific as possible):

PERSONAL MESSAGE (up to 28 characters—please print clearly)

DATES OF BIRTH/DEATH (can be substituted with an additional personal message up to 15 characters):

Please complete this Application and return it with your check in the amount of \$500.00, made payable to Mayfield Village, to:

Memorial Bench Program
c/o Mayfield Village Civic Center
6622 Wilson Mills Road
Mayfield Village, OH 44143

Upon receipt, you will be contacted by a Village representative with a current list of available bench locations. Please note that Mayfield Village cannot guarantee the availability of a bench. A proof of the plaque will be forwarded for approval prior to fabrication. Mayfield Village reserves the right to reject or edit the content of any personal message.