



Memorial and Donation Application

Thank you for your interest in donating to the Town of Sunset Beach.
Please complete the following information.

Name of Donor: _____

Mailing Address of Donor _____

Home Phone: _____ Email Address: _____

DONATION INFORMATION:

Description of Donation: _____

Preferred Location of Donation: _____

Requested Wording on Memorial Acknowledgment: (3 lines, 18 characters including spaces per line)

Type of Donation: _____

Estimated Donation Cost: _____

Estimated Date for Donation: _____

The Town of Sunset Beach is not responsible to replace the donation in the event of damage due to vandalism or natural occurrence.

I HAVE READ AND AGREED TO THE TERMS OF THE MEMORIAL AND DONATION POLICY.

NAME: _____ DATE: _____

(TO BE COMPLETED BY TOWN STAFF)

REVIEWED BY _____ DATE _____

APPROVED BY _____ DATE _____