

Checks should be made payable to "City of Astoria". Return completed form and check to:
Astoria Parks & Community Services, 1095 Duane Street, Astoria, OR 97103

If you have any questions, please call the Parks department Administrative Assistant at
 (503) 325-7275.

Person Submitting Information:

Date Received: _____

 Name

 Relationship to Deceased

 Mailing Address

() _____
 Telephone

 City State Zip Code

Amount Paid \$ _____

Other Persons Submitting Donations:

 Name(s):

Donation: \$ _____

 Address

(Street) (City) (State) (Zip Code)

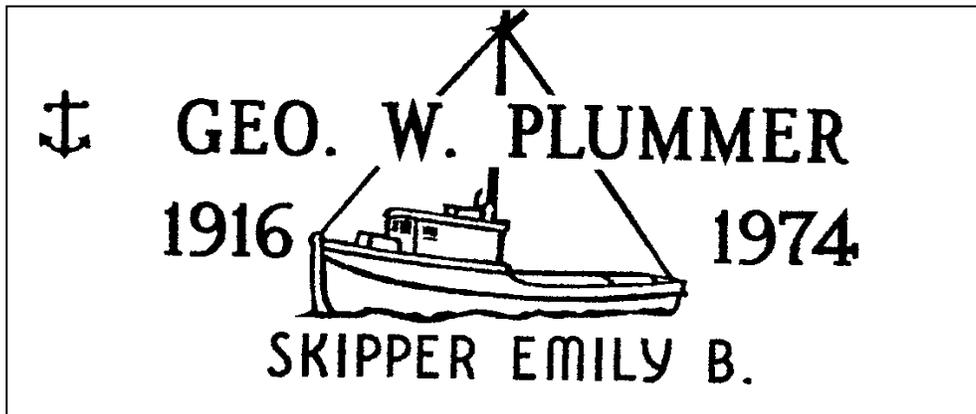
 Name(s):

Donation: \$ _____

 Address

(Street) (City) (State) (Zip Code)

Example of Memorial Engraving on Granite (Memorial Size – No smaller than 4" x 12")



FOR OFFICE USE ONLY

Amount Paid: \$ _____ Date: _____ Wall Entry No. _____

Donor Name: _____ Memorial Name: _____

Paid by: Cash Check Credit Card _____ Receipt # _____

Letter Mailed to Donor Yes No Date Letter Mailed _____ By _____

Information on Database Yes