

**MEMORIAL PLAQUE APPLICATION**  
**CONEWAGO TOWNSHIP MILLCREEK PARK**

Date: \_\_\_\_\_

**Donor Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Cost:**

\$400 Make check payable to Conewago Township

**Plaque Information:**

Placement:

Tree                       Bench

In Memory of     In Honor of     In Recognition of     Other (please describe below)

Text (up to 24 characters per line, including spaces between words and punctuation marks)


Signature: \_\_\_\_\_ Date: \_\_\_\_\_