

ST. PETER'S HERITAGE SOCIETY
Cross of Remembrance & Park Bench Form

DONOR INFORMATION

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

DONATION SELECTION

PLAQUE ON THE CROSS OF REMEMBRANCE - \$250

Location: ☐ Church ☐ Grotto

PARK BENCH - \$2,500

Location (select one):

- | | |
|---|--|
| ☐ Cemetery, North Side of the Cross | ☐ West Side of the Grotto (Facing East) |
| ☐ Cemetery, South Side of the Cross | ☐ Left of the Arch Leading Down to the Grotto |
| ☐ Cemetery, East Side of Entrance Gate | ☐ Along the Stations of the Cross (2) |
| ☐ Cemetery, West Side of Entrance Gate | ☐ In Front of the School |
| ☐ Beside Father Metzger's Grave | |
| ☐ In Front of the Church Wheelchair Ramp Looking up the Colony | |

Engraved Message:

PAYMENT INFORMATION

Amount: _____

Payment Method: ☐ Cash ☐ Cheque ☐ E-Transfer

Please make cheques payable to St. Peter's Heritage Society and
mail to: Box 154, Kronau, Saskatchewan S0G 2T0

Please send e-transfers to: stpeterkronau@gmail.com

Please include your name and address with transfer

TAX RECEIPT

Would you like a charitable tax receipt? ☐ Yes ☐ No Name on Tax
Receipt (if different from donor)

AGREEMENT

I understand that all engraving and bench location requests are subject to approval. I confirm that the information provided is accurate.

Donor Signature: _____ Date: _____

Office Use Only

Date Received: _____
Payment Received: _____
Location Assigned: _____
Engraving Approved: ☐ Yes ☐ No
Receipt Issued: ☐ Yes ☐ No
Processed By: _____