

# Donation Agreement

## Park Bench Program

Community Services  
Parks & Forestry



MISSISSAUGA

Personal information on this form is collected under the authority of the Municipal Act, 2001, s. 11 and the City of Mississauga Policy No. 05-07-02. The information will be used to administer the Tree and Bench Donation Program and to correspond with the person responsible for the donation or purchase. Questions about this collection should be directed to the Supervisor, Cemetery Operations, Parks and Forestry, 950 Burnhamthorpe Road West, Mississauga, Ontario L5B 3Y3, Telephone 905-615-3200 ext. 5566.

**TO: CORPORATION OF THE CITY OF MISSISSAUGA (“City”)**

I, (First and Last name of donor) \_\_\_\_\_,  
wish to make a donation to the City’s Park Bench Donation Program “The Donation” on the following terms:

### 1. Use of “The Donation”

The donation is to be used by the City to purchase, install and maintain on City property the type and number of park bench(s) identified below, including applicable taxes.

(Check appropriate box(s) below)

(a)  **Standard Bench** as described in Section 3(c)  
(number of standard benches I am donating) \_\_\_\_\_

(b)  **Upgraded Bench** as described in Section 3(d)  
(number of upgraded benches I am donating) \_\_\_\_\_

### 2. Donation(s)

**In person:** Donations (as per the City’s applicable Fees and Charges Bylaw) can be made using Visa, Mastercard, American Express, Debit or cheque at 950 Burnhamthorpe Road West, Mississauga, Ontario.

**By mail:** Mail your cheque to Parks & Forestry Division, 950 Burnhamthorpe Road West, P.O. Box 1850, Station B, Mississauga, Ontario L4Y 3W6.

Cheques should be made payable to the “**City of Mississauga**”.

### 3. Agreement To Conditions

I acknowledge and agree to the following conditions:

- (a) the City’s Parks staff will work with me to select an appropriate location for each bench. I understand not all City properties are suitable for the Park Bench Donation Program or for a particular bench type. Therefore, the City shall have the right to make the final decision as to location and bench type;
- (b) each bench shall conform with the specifications approved by the City;
- (c) if the type of bench I am donating is a standard bench, it will have a galvanized tube steel support frame with the seat and back support made of wood slats;

- (d) if the type of bench I am donating is an upgraded bench, an illustration will be attached to this agreement by City staff and initialled by me indicating my agreement to the bench’s features;
- (e) no bench will be installed until the City has received payment in full of the donation;
- (f) if I require a plaque, it will be by separate agreement, however, I understand that not all sites are suitable for plaques;
- (g) installation of each bench will take place between April 15th and November 15th following the City’s receipt of the donation and the City’s final decision as to the bench’s location;
- (h) the placement of memorial wreaths, flowers or any other item in the vicinity of any bench is prohibited;
- (i) the City will maintain each bench in the same manner as other benches in City parks;
- (j) if any bench needs to be replaced for any reason, the City will replace on a one time only basis;
- (k) the City will have the right to relocate the bench if relocation becomes necessary due to vandalism or any other circumstance. Where possible, the Bench will be relocated within the same City property. Prior to any relocation, the City will attempt to contact me at the most recent address on file with the City. It is my responsibility to notify the City of any change to my address;
- (l) if any part of my donation is not needed to purchase, install, maintain, replace or relocate a bench I have donated, the balance shall be used to provide and maintain other benches in City parks.

### 4. Receipt for Tax Purposes

The City will issue me a receipt for tax purposes in respect of The Donation to the extent permitted by the Income Tax Act.

\_\_\_\_\_  
Donor Full Name (Print) Signature Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, Province Postal Code

\_\_\_\_\_  
Cell Phone Number Home Phone Number

\_\_\_\_\_  
Witness Full Name (Print) Signature Date