



Moline Park & Recreation Department

(309) 524-2424

Memorial / Commemorative Paver Program

Date of Contract: _____ Paver Name: _____

Location of Paver: Ben Butterworth Memorial Parkway
35th Street and River Drive, Moline Greenvalley Sports Complex
5920 60th Street, Moline

Name & Address of Contributors:

Paver Inscription (3 lines, 12 spaces per line)

L1												
L2												
L3												

Day Phone: _____

Make Checks Payable to:
Moline Park & Recreation Department
3635-4th Avenue, Moline, IL 61265

Location of Paver & Number: _____

Comments: _____

Thank you for your participation in the Moline Park & Recreation Department Memorial / Commemorative Paver Program. Your paver will be ordered upon receipt of payment, and will be received from the supplier and placed in the patio in approximately 6 – 8 weeks.

I hereby certify that the foregoing information presented on this form is correct.

Date: _____ Signature: _____

For Office Use Only:

Amount Paid: _____

Paver Order Date: _____

Date: _____

Installation Date: _____

Receipt #: _____

Contributor Notification Date: _____