



**CITY OF SALEM, MASSACHUSETTS**  
PARK, RECREATION & COMMUNITY SERVICES  
5 BROAD STREET~SALEM, MASSACHUSETTS 01970  
TEL: (978) 744-0180 OR (978) 744-0924  
FAX (978) 744-7225  
KPARTANEN@SALEM.COM

**KIMBERLEY DRISCOLL**  
MAYOR

**KAREN PARTANEN**  
DIRECTOR

## **Donation Program 2015**

Thank you for your interest in making a donation to commemorate a special event, or as a memorial to a loved one, on behalf of our parks. Your donation will be used to purchase an item or make renovations that will improve the parks and/or playgrounds in the city of Salem.

Your donation form, on reverse, will be reviewed upon receipt. A staff member will contact you concerning your request, as well as how it might best be used in a way that will be meaningful to you and beneficial to our parks.

While we want to be sensitive to your wishes, the ultimate placement of items or designation of repairs will be at the discretion of the Park, Recreation and Community Services Director, ensuring that all our parks and facilities are equally enjoyable.

If you have any questions concerning our Parks Donation Program, please call 978-423-5328. Once again, thank you for your consideration and support.

*Karen Partanen*

Karen Partanen  
Park, Recreation & Community Service Director



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## Donation Form

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Option A. \_\_\_ I would like to donate an item to be placed in a park or open space.**

- \_\_\_ Bench for a park/ playground (\$900)
- \_\_\_ Bench at Salem Common or within Historic District (\$1,950)
- \_\_\_ Picnic table, refurbished (\$725)
- \_\_\_ Picnic table, new (\$1,300)
- \_\_\_ Other item. Please specify and estimate cost \_\_\_\_\_

Location request \_\_\_\_\_

**Option B. \_\_\_ I would like to make a donation in the amount of \$\_\_\_\_\_**  
**for renovation or repairs at a park or open space.**

Requested location for renovation or repair \_\_\_\_\_

Specific item/feature of interest \_\_\_\_\_

**Option C. \_\_\_ I would like to make a donation in the amount of \$\_\_\_\_\_ for**  
**(specify your intent)\_\_\_\_\_**

**A plate or marker with your name or other words inscribed will be covered by your donation of at least \$500. Characters/wording will be limited and approved at the discretion of the Director.**

**If my donation is approved, I agree to the following. Please initial:**

- \_\_\_ The City of Salem reserves the right to remove items that are not in good repair
- \_\_\_ The City of Salem is not responsible for damaged or vandalized items.
- \_\_\_ Wreaths, flowers or other decorations attached to items are not allowed and will be removed.
- \_\_\_ Donations will be approved by the Director to ensure all parks are equally enjoyable.

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### Office Use Only

Date Request Received \_\_\_\_\_ Location \_\_\_\_\_ Customer Contacted \_\_\_\_\_

Amount Paid/Date \_\_\_\_\_ Director Approval \_\_\_\_\_ Date Completed \_\_\_\_\_