



MEMORIAL TREE PROGRAM

Date of Application: _____

_____ \$375 =	Purchase a tree with a 10 year warranty and 10"x12" marker.
_____ \$225 =	Purchase a tree with a 10 year warranty.
_____ \$200 =	Adopt an existing tree (includes marker & 10 year warranty on tree).
<i>Planting begins in the Fall and ends at the beginning of Spring.</i>	

Purchased by (name will be printed on certificate of planting):

____ Check here if you wish to remain anonymous

Name or Organization (please print): _____

Address: _____

Contact No: _____ Alternate Contact No: _____

Instruction on where to send certificate of planting:

____ Mail directly to me; I will deliver, personally ____ Mail to the recipient listed below

Individual's Name or Family Name: _____

Address (street name and no., including apt. #): _____

City, State, Zip: _____

Honoree(s): _____

____ In Memory ____ In Celebration

New Planting Shade Tree: ____ New Planting Flowering: ____ New Planting Evergreen: ____

Adopt an Existing Tree: ____

Species: _____ Location: _____

Memorial Tree Marker: Yes ____ No ____

Marker Inscription (not to exceed approximately 55 characters. Suggestions. . . To Celebrate the Life of. . .): _____

Office Use Only:

Notes: _____

Specific Planting Location: _____ Installation Date: _____ Completed by: _____

Receipt No: _____ Initials: _____ Date of Payment: _____ Date of Certificate: _____ By: _____