



Commemorative Tree Planting program 2019-2020



ORDER FORM

NAME: _____ TEL. (Home): _____

ADDRESS: _____ (Business): _____

PREFERRED TREE SPECIES

1. Ivory silk lilac
2. European hornbeam
3. Ironwood
4. Hackberry
5. Red oak
6. Ginkgo
7. Sugar maple
8. Native red maple
9. Shagbark hickory
10. White pine

TREE SPECIES TYPE (Please Specify): _____

OTHER TREE TYPE (Please Specify): _____

PREFERRED LOCATION: _____

TOTAL COSTS

TREE: _____ @ \$400.00 \$ _____

(Indicate tree type)

DEDICATION PLAQUE

Black granite cube, 16" width x 10" length x 8" thickness

with 4 lines Maximum 19, 3/4" block gothic letters per line

@\$450.00 \$ _____

HST \$ _____

TOTAL \$ _____

INSCRIPTION FOR PLAQUE

- 1 _____
- 2 _____
- 3 _____
- 4 _____

(PLEASE PRINT CLEARLY)

DO YOU WISH TO BE ADVISED AFTER PLANTING AND PLAQUE INSTALLED

YES ____ NO ____

Signature _____

Date _____

Payment Prior to Ordering

Received by _____

Date Payment received _____