



Living Tree Memorial Request Form

Please Print:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone (Day): _____ Phone (Evening): _____

General Information

A donation of at least \$450.00 is required to get a tree of the type and quality that will have the best opportunity to survive in this area. Most requests for certain types of trees will be honored but please be aware that not all trees thrive in this area or are appropriate for certain parks.

Name to be placed on stone tree marker:

Please state what type of tree you wish to have planted. If possible, please indicate two choices.

1. _____

2. _____

Please indicate which park and describe the location or site within that park below:

Total Due: _____

Paid: ___ Check (#_____) ___ Cash ___ Visa ___ MasterCard ___ Discover

The Washington Park District thanks you for your generous gift of a tree for all to enjoy.

Participants Signature: _____ Date: _____