Des Plaines Park District

Enriching lives everyday

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Tree of Life Program MEMORIAL TREE ORDER FORM

To adopt a tree, please complete this form and return it with your check in the amount of $300.00 to: Des Plaines Park District, Tree of Life Program, 1300 Oakwood Ave., Des Plaines, IL 60016. Please make checks payable to: Des Plaines Park District.

Date:_____Type of Tree:_____

Desired park site and location:_____

LEAF INSCRIPTION

Choose preferred leaf location: ☐ ALC ☐ PLCC

30 characters per line - four (4) lines total.

1. (i.e.: In Memory of, In Honor of, Donated by, etc.)

2. (i.e.: Name of person(s) or group being honored/remembered, etc.)

3.

4. (i.e: Name of Donor(s), Donated by ...)

DONOR/PURCHASER CONTACT INFORMATION

Please print and fill out completely.

Name:_____

Address:_____

City/State/Zip:_____

Daytime Phone:_____

E-Mail:_____

If you have any questions, please contact Sue Chiakas, at the Parks Department.
847-391-5744 or SChiakas@DPParks.org

Office Use: TREE: ☐ NEW ☐ EXISTING / ☐ LEAF ☐ PLAQUE ☐ BENCH
REC'D: _____
CK# _____AMT:_____ ACTUAL TREE LOCATION: _____

Rev. 8-27-12

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Tree of Life Program BRONZE PLAQUE ORDER FORM

We offer the option of a Bronze Plaque, which may be displayed at the base of your tree, if you would like to include a bronze plaque, please complete this form and return it with your check in the amount of $275.00 to Des Plaines Park District, Tree of Life Program, 1300 Oakwood Ave., Des Plaines, IL 60016. Please make checks payable to: Des Plaines Park District.

PLAQUE INSCRIPTION

10″ width x 8″ height

30 characters per line, five (5) lines total.

1. (i.e.: In Memory of, In Honor of, Donated by, etc.)

2. (i.e.: Name of person(s) or group being honored/remembered, etc.)

3.

4. (i.e.: Name of Donator(s), Donated by ...)

5.

DONOR/PURCHASER CONTACT INFORMATION

Please print and fill out completely.

Name:_____

Address:_____

City/State/Zip:_____

Daytime Phone:_____

E-Mail:_____

If you have any questions, please contact Sue Chiakas, at the Parks Department.
847-391-5744 or SChiakas@DPParks.org

Office Use: TREE: ☐ NEW ☐ EXISTING / ☐ LEAF ☐ PLAQUE ☐ BENCH
REC'D: _____
CK# _____AMT:_____ ACTUAL TREE LOCATION:_____

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Tree of Life Program MEMORIAL BENCH ORDER FORM

To purchase a commemorative bench, complete this form and return with your check in the amount of $650.00 to: Des Plaines Park District, Tree of Life Program, 1300 Oakwood Avenue, Des Plaines, IL 60016. Please make checks payable to Des Plaines Park District.

Desired park and location:_____

PLATE INSCRIPTION

6″ width x 4″ height

30 characters, four (4) lines total

1. (e.g., *In Memory of*, *In Honor of*, *Donated by*.)

2. (e.g., Name of the person or group being honored.)

3.

4. (e.g., Name of the donor, or *Donated by*.)

DONOR/PURCHASER INFORMATION

Please print and fill out completely.

Name:_____

Address:_____

City/State/Zip:_____

Daytime Phone:_____

E-Mail:_____

If you have any questions, please contact Sue Chiakas, at the Parks Department.
847-391-5744 or SChiakas@DPParks.org

Office Use: TREE: ☐ NEW ☐ EXISTING / ☐ LEAF ☐ PLAQUE ☐ BENCH
REC'D: _____
CK# _____AMT:_____ PARK / TREE LOCATION:_____

Rev. 8-27-12