

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. (i.e.: In Memory of, In Honor of, Donated by, etc.) (i.e.: Name of person(s) or group being honored/remembered, etc.) 2. 3. (i.e: Name of Donor(s), Donated by ...) 4. 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 Julie Bohannon, at the Parks Department. 847-391-5744 or Julie.Bohannon@DPParks.org

Office Use:	TREE: NEW	EXISTING / LEAF PLAQUE BENCH
	CK#AMT:	ACTUAL TREE LOCATION:



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.

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1.	1. (i.e.: In Memory of, In Honor of, Donated by, etc.)																						
2.	2. (i.e.: Name of person(s) or group being honored/remembered, etc.)																						
3.	3.															1							
4.	4. (i.e.: Name of Donator(s), Donated by)																						
5.	5.																						
DONOR/PURCHASER CONTACT INFORMATION Please print and fill out completely.																							
N	Name:																						
A	Address:																						
City/State/Zip:																							
Daytime Phone:																							
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TREE: NEW EXISTING / LEAF PLAQUE BENCH

ACTUAL TREE LOCATION:

Office Use:

REC'D: _ CK#

AMT:



Tree of Life Program Memorial Bench Order Form

To purchase a commemorative bench, complete this form and return with your check in the

PARK / TREE LOCATION:

REC'D: CK#

AMT: