

# Memorial Tree Request



**Make a contribution that has lasting power!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please Circle Tree Type:**      *Shade*                      *Flowering*

**Memorial in the Name of:** \_\_\_\_\_

**Location:**

Location (1st Choice): \_\_\_\_\_

Location (2nd Choice): \_\_\_\_\_

Location (3rd Choice): \_\_\_\_\_

Please fill out this form and Mail/Drop off with payment to:

West Chicago Park District  
201 W. National Street  
West Chicago, IL 60185

Email to:  
mmedeiros@we-goparks.org

*My signature below states that I understand this donation is for the lifetime of the tree purchased. In addition, I understand that the West Chicago Park District is the ultimate authority for determining the location and/or type of tree that is purchased.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_