PERSONAL INFORMATION
Purchaser’s Information:
Name __________________________________________
Mailing Address ___________________________________
Primary Phone _______________________________ Email Address _______________________________
Send a gift letter to (if applicable):
Name _________________________________________________________________________
Mailing Address _____________________________________

LOCATION
Plant tree at _________________________ Park (Subject to approval by the Park District)

TREE VARIETY (Subject to approval by the Park Planner. S= Spring install  F= Fall install)

Fall Color
- Autumn Blaze Maple S/F
- Sugar Maple S/F
- Red Maple S/F
- Sweetgum S/F
- Tupelo S

Sustainable
- Oak S
- Dawn Redwood S
- Beech S
- Purple Robe Locust S

Ornamental
- Serviceberry S/F
- Redbud S
- River Birch S
- Magnolia S
- Amer Yellowwood S
- Crabapple S/F
- Tree Lilac S/F

Unique Habit
- Gingko S/F
- Elm S/F
- Catalpa S
- KY Coffee S/F
- Horsechestnut S

Evergreens
- Spruce S/F
- Pine S/F
- Fir S/F

Shade Trees
- Honey Locust S/F
- Bald Cypress S/F
- Pecan Hickory S
- Hackberry S/F
- Hornbeam S
- Tulip Tree S
- London Planetree S

PLAQUE INSCRIPTION
Plaques are located at the registration desk in the Administrative Office. Print one letter, space, or punctuation mark per spot. Maximum of 4 lines, 25 letters per line.

______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________

PAYMENT
Price: $440

☐ Cash (in person only)

☐ Check

☐ Gift Certificate $ __________

☐ Visa ☐ Mastercard ☐ Discover

(Note: $20 fee for returned checks)

Please complete this form and send to:

Mailing Address:
Arlington Heights Park District
Attn: Memorial Donation Dpt.
410 N. Arlington Heights Rd.
Arlington Heights, IL 60004

Email: memorial@ahpd.org

All credit cards are in person ONLY.