



TREE MEMORIAL ORDER FORM

PERSONAL INFORMATION

Purchaser's Information:

Name _____

Mailing Address _____

Primary Phone _____ Email Address _____

Send a gift letter to (if applicable):

Name _____

Mailing Address _____

LOCATION **No Trees at the following parks:** Festival, Lake Arlington, Memorial, North School, Pioneer, Recreation Parks, Windsor Pky and Rose Garden

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
- 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

Shade Trees

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

Golf Course Options

Shagbark Hickory Black Walnut White Oak

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

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

Cash or Credit Card (in person only)

Check

Check # _____

(Note: \$20 fee for returned checks)

Gift Certificate

\$ _____