



MEMORIAL TRIBUTE PROGRAM

Order Form

Today's Date: _____

Donor's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Bench Plaque inscription should read: _____

Tree Leaf Plaque is located at Town Hall and engraved with name and type of tree and location.

Desired locations: _____

Payment Options: Visa/MC/Discover/AmEx or Check *Contact PM for payment

- Desired tree (Cost: \$500): Southwestern White Pine Flowering Crabapple
 Hackberry/Sugarberry Linden Blue Spruce Norway Maple
 Bench (Cost: \$1,500) includes shipping, installation & plaque engraving

I acknowledge that the Parks and Recreation Department will do their best to place the purchased item in the requested location and to maintain the characteristics of these items as allowed. I also understand that the Parks and Recreation staff is not responsible for theft, damage, and replacement nor can the Parks and Recreation Department guarantee the future health of the plant material.

Purchaser's signature: _____ Date: _____

Return completed form to Marcy Jones at MJones@CRgov.com

For Internal Use Only

Date tree ordered: _____

Leaf ordered: _____

Date payment received: _____

Date leaf ready: _____

Location date with PM: _____

Letter/certificate sent to family: _____

Event form completed: _____

Date receipt mailed: _____

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