Memorial Tree Form

Please fill out items 1 through 5. Fax it to Grounds Maintenance at 775-2980. If you have any questions, please give us a call at 775-2590.

1. In Memory/Honor of ____________________________________________

2. Plaque Wording ____________________________________________

3. Date of Ceremony __________

4. Tree Info ____________________________
   4a. Preferred Location ____________________________
   4b. Preferred Variety ____________________________

5. Requestor ____________________________
   Name ____________________________________________
   Signature Date ____________________________

6. Foapal to be charged:
   Fund ____________________________
   Org ____________________________
   Account ____________________________
   Program ____________________________
   Activity Code ____________________________

For Office Use Only (Do not Write in this section)

Plaque ____________________________
   Cost ____________________________
   Type ____________________________
   Date Ordered ____________________________

Tree Info:

Variety ____________________________
   Purchased From/Date Purchased ____________________________

Date Planted ____________________________
   Planting Location ____________________________