



Honorary and Memorial TREE DONATIONS

Make a lasting tribute to a person or event...

Donor's Name _____

Address _____ City/State _____ Zip _____

Email Address _____ Phone _____

The park in which you would like your tree planted: _____

No Preference

Preferred Species: First Choice _____ Second Choice _____

No Preference

Brass Leaf Text

You may provide two lines of text for your dedication. Please write clearly in the spaces provided as the number of characters is limited to roughly 16 for the first line and 24 for the second. The third line will be the year your memorial tree is planted.

DATE _____

Submit Form with Payment (\$250) to
Attn: Memorial Trees
Sycamore Park District
480 Airport Rd. | Sycamore, IL

For more information, contact the
Superintendent of Parks, Jeff Donahoe.
815-895-3365 or
jeffd@sycparks.org

For Office Use

Payment Received: _____

Donor contacted _____

Check # _____

Park: _____

Receipt of payment: _____

Credit Card

Species: _____

Tree planted: _____

Cash