

DONATION FORM

(please print)

TREE

BENCH

PELLA PARKS
DEPARTMENT
MEMORIAL PROGRAM

DONOR INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

E-MAIL: _____

	<u>PARK</u>	<u>TREE SPECIES</u> (if applicable)
1 ST CHOICE	_____	_____
2 ND CHOICE	_____	_____
3 RD CHOICE	_____	_____

Please select from one of the following for wording on plaque:

1. In Celebration of _____

2. In Loving Memory of _____

3. In Honor of _____

4. Name and/or Event _____

Date: Month _____ Day _____ Year _____

Complete this form & mail to:
CITY OF PELLA
PARKS DEPARTMENT
712 UNION STREET
PELLA, IA 50219



TREES & PARK BENCHES

ENHANCING OUR COMMUNITY
FOR GENERATIONS TO COME.

