

MEMORY TREE PROGRAM APPLICATION

Your Name: _____ Phone: _____

Address: _____

E-Mail: _____

Please check one of the following:

- PLANT A FLOWERING CHERRY TREE
- ADOPT AN ORNAMENTAL PEAR TREE

Please print 3-Line wording for plaque

SAMPLE	ACTUAL
In Memory of Diane Damon Morang February 2003	_____ _____ _____

Location Desired: _____

Payment Cost: \$425.00

Make checks payable to the Village of Suffern

Mail to Village of Suffern, 61 Washington Avenue, Suffern NY 10901

Committee Approval:

Co-Chairs:

Sheila Rees Foster _____

Date _____

Sandy Stead _____

Date _____

