Memorial Tree with Marker Order Form



Date	<u>:</u>			ININO
Nam	e:			
	ng Address:			
City:		State:	Zip:	
Daytime Phone: Alternate Phone:				
E-ma	ail Address:			
perm guara next j	itting. Trees ordered after that antee. If a tree should die within planting season. se indicate the type of tree you Preference	time will be pla five years of its p	nted the following spring planting, please notify the nd the location:	en October and December of that year, weatherng. Memorial trees have a five year replacement e Superintendent, and it will be replaced during the
`	t be native to Indiana)			
Loca	tion Preference Fox Island County Park	(Specific area	a)	
	Metea County Park	(Specific area	a)	
	Cooks Landing County Parl	k (Specific area	a)	
The i	seer Information – marker is 6": inscription may be up to three line fill in the blanks below with the	nes with 16 space	s per line. Punctuation	marks and spaces between words count as spaces
			. — — — –	

Cost: \$500.00 (Check or Money Order only, please. Checks should be made payable to Allen County Parks.)

Mail this form and check to: Allen County Parks

Attn: Memorial Tree Program

7324 Yohne Road Fort Wayne, IN 46809

For more information call: Jeff Baxter, Superintendent 260.449.3180

Or email: jbaxter@allencountyparks.org