

Town of Algoma Memorial Tree Application

Donor Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Preferred Park: (Circle One) Town Hall, Jones, Kewaunee

Tree Species: _____

Marker Inscription: (3 Lines with a Maximum of 15 letters and space per line)

Tree Species identified on first line: _____

Cost is \$100.00`

Please make checks payable to: Town of Algoma Memorial Tree Program

Mail check and form to: Town of Algoma
15 N. Oakwood Drive
Oshkosh, Wisconsin 54904

Signature: _____ Date: _____

Approved By: _____ Date: _____

Payment Received: _____

Memorial Marker Ordered _____

Planting Date: _____ Memorial Marker Installed: _____

Thank you for your Donation!