

Town of Algoma Memorial Tree Application

Donor Name:	
Address:	
Telephone Number:	
Email Address:	
Preferred Park: (Circle O	ne) Town Hall, Jones, Kewaunee
Tree Species:	
Marker Inscription: (3 Lir	nes with a Maximum of 15 letters and space per line)
Tree Species identified o	n first line:
Cost is \$150.00	
Please make checks paya	able 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:
Memorial Marker Ordere	ed
Planting Date:	Memorial Marker Installed:
Th	nank you for your Donation!

Revised: May 25,2023