



CITY OF KETTERING

PARKS, RECREATION AND CULTURAL ARTS DEPARTMENT

LIVING TREE PROGRAM (TREE & PLAQUE FORM)

NAME OF HONOREE _____

BIRTH DEATH ANNIVERSARY CONGRATULATIONS GET WELL OTHER: _____

DONOR/DONATION MADE BY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME _____ CELL _____

EMAIL _____

TREE

SUGGESTED TREE _____ SUGGESTED LOCATION _____

COST _____ DATE PAID _____ RECEIPT # _____

PAYMENT METHOD: CASH CHECK CREDIT CARD

PLAQUE

COST _____ DATE PAID _____ RECEIPT # _____

PAYMENT METHOD: CASH CHECK CREDIT CARD

PLAQUE TEXT: _____

OTHER

COST _____ DATE PAID _____ RECEIPT # _____

SPECIAL INSTRUCTIONS: _____

OFFICE USE ONLY:	
TODAY'S DATE _____	COPY TO SUPERVISOR _____
PLAQUE PROOF APPROVED DATE _____	PLAQUE ORDER DATE _____
TREE ORDER DATE _____	TYPE OF TREE _____
LOCATION _____	
DATE TREE INSTALLED _____	DATE PLAQUE INSTALLED _____
NOTIFY DONOR OF COMPLETION _____	