Commemorative Tree Program Application

Sponsor's Name		
Address		THE STATE OF THE S
Phone number		
Email		
Tree requested (check one and l	ist name or event)	
In honor of	(1007)	
In memory of		
Preferred site (choose 1st and 2nd	choices)	Wilderness Park
Recreation Center Grounds	St. Cyr Park	Doherty Park
City Hall Grounds	Bissell Park	Belgrove Park
Klein Park	Tanglewood Park	Pruitt Park
1	2	TOTAL
Therefore due of the one 1st and 200		
Preferred tree (choose 1 st and 2 nd	choice from the provided list)
1	2.	
TO THE PARTY OF TH		**************************************
9 J J J J J J J J J J J J J J J J J J J		
Send a card notifying of the spo	nsor's donation to:	
Name		
Address		
-	77,700,41	zip
		215

The payment of \$150.00 may be made in cash, a check made payable to *The City of Bellefontaine Neighbors*, or charged to your *Mastercard*, *Visa*, *Discover*, *American Express* or your Debit card.