



Memorial Tree Form

Date: _____

Donor's Name: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Email Address: _____

Donation will be accepted throughout the year. However, to assure successful rooting, trees will be planted only during the spring and fall.

Please indicate the type of tree you are requesting: (tree approximately. 1 ½" – 2 ½" diameter and 6'-8' tall)

Tree type Preference: Shade Flowering Evergreen

Location Preference (Specific Park): _____

OR adopt an existing tree whose location or appearance is meaningful to the honouree.

Location Preference (Specific Park or Green Space): _____

A Memorial Certificate will be provided to the donor as a permanent record of this special tree's significance and location. The Town of Vulcan will maintain a permanent record of the Memorial Certificate.

Please use the form below to show what you would like the final document to say: (please specify below, please print)

In Recognition of In Memory of Other

Cost: **New Tree \$ 1000** includes regular watering for first season of growth **Existing Tree \$500**

Checks should be made payable to Town of Vulcan;

Drop a check off at the Town of Vulcan Office 321 2nd Street South OR

Mail this form and check to: **Town of Vulcan
Attn: Memorial Program
Box 360
Vulcan Alberta T0L 2B0**

For more information or questions, please contact the Recreation Office at 403-485-2554 or bellis@townofvulcan.ca

*Full funding for the donation must be received in advance