STREAMWOOD PARK DISTRICT

# Memorial Program Order Form

## CUSTOMER INFORMATION:

Name: _____

Address: _____

Phone: _____ Email: _____

## BENCH MEMORIAL:

☐ **Memorial Bench | $1,400**

Please print desired message:

*One line of text with up to 35 characters.*

Preferred park location:

_____

## BRICK MEMORIAL:

☐ **4" x 8" | $75**

Please print desired message:

*Three lines of text with up to 13 characters per line.*

**Memorial Brick location:**

Park Place Family Recreation Center

## TREE MEMORIAL:

Select your desired type of tree:

| TIER 1 | TIER 2 |
|---|---|
| ☐ **Shade \| $875** | ☐ **Shade \| $425** |
| ☐ **Ornamental \| $825** | ☐ **Ornamental \| $375** |
| ☐ **Evergreen \| $875** | ☐ **Evergreen \| $335** |

Name of the desired tree:

_____

If choosing Tier 1, please print desired message:

*Four lines of text with up to 52 characters.*

Preferred park location:

_____

**E-mail this form to the Parks Department**

parks@spdcares.com

*You will be contacted later about payment.*