STREAMWOOD PARK DISTRICT

MEMORIAL PROGRAM ORDER FORM

CUSTOMER INFORMATION	
Name:	
Address:	
Phone:	Email:
MEMORIAL BENCH: \$2,100	MEMORIAL TREE: \$1,000
ENGRAVING (1 slat included)	ENGRAVING (optional, additional)
Please print desired message in each slat section.	Please print desired message below.
SLAT 1: UP TO 35 CHARACTERS included	UP TO 52 CHARACTERS +\$500
SLAT 2: UP TO 35 CHARACTERS +\$500	
	Preferred park location:
SLAT 3: UP TO 35 CHARACTERS +\$500	
	Please complete and email this form to: parks@spdcares.com.
	You will be contacted later about payment.
Preferred park location:	
MEMORIAL BRICK: \$125	
includes (3) lines of text, up to (13) characters per line.	
ENGRAVING	
Please print desired message below.	
Memorial brick Park Place Family	

Recreation Center

loaction: