

MEMORIAL REQUEST & TREE ADOPTION

DATE: _____

REQUESTED BY: _____ PHONE #: ____/____/____

ADDRESS: _____

IN HONOR OF: _____

IN MEMORY OF: _____

PERSONAL MESSAGE: (Up to 14 letters including the spaces)

Adopted trees will be chosen by the Shade Tree Commission

The cost of the tree and the memorial stone is \$200.00

PLEASE NOTE

This program takes approximately three months, depending on availability

Please make checks payable to:

South Williamsport Borough
Shade Tree Commission
329 W. Southern Avenue
South Williamsport, PA 17702

AMEMBER OF THE SHADE TREE COMMISSION WILL
CONTACT YOU REGARDING PLACEMENT OF YOUR
MEMORIAL STONE