



Greenville City Parks Tree Donor Application



Donor Information:

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Zip Code: _____ Phone: _____

*** If there is more than two donors, please list additional donor information on back of sheet***

Please select a tree: (Each type of tree cost \$150 each)

Armstrong
Maple



Red
Sunset



October
Glory



Sugar
Maple



Red
Oak



(Please Print)

Donated By: _____

In Memory of: _____

If there is a location or special instructions for planting of tree, please list below.

Please make checks payable to: City Of Greenville

Application & check can be mailed to: City Of Greenville
100 Public Square
Greenville, Ohio 45331

If you have any questions or for more information please contact the
Greenville Street Department at: (937) 548-2215

Date: _____ Receipt #: _____