



## Memorial Tree Request

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please Circle Tree Type:                      Shade (\$400.00)                      Flowering (\$300.00)

Memorial in the Name of: \_\_\_\_\_

\_\_\_\_\_

1st Choice Location: \_\_\_\_\_

2nd Choice Location: \_\_\_\_\_

3rd Choice Location: \_\_\_\_\_

*My signature states that I understand this donation is for the lifetime of the tree purchased. I also understand that the Roselle Park District has the authority for determining the final location and/or type of tree that is purchased as well as the final wording on the plaque.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill this form out and return with payment to:

Bianca Hervig  
Clauss Recreation Center  
555 W Bryn Mawr Ave  
Roselle, IL 60172



## Memorial Bench Request

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bench Type: 6 Foot Bench (\$1,400.00)

Plaque Inscription: 6ft Bench (4" x 6" plaque - Up to three lines, 20 Characters Max Per Line, Including Spaces)

Memorial in the Name of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1st Choice Location: \_\_\_\_\_

2nd Choice Location: \_\_\_\_\_

3rd Choice Location: \_\_\_\_\_

*My signature states that I understand this donation is for the lifetime of the bench purchased. I also understand that the Roselle Park District has the authority for determining the final location and/or type of bench that is purchased as well as the final wording on the plaque.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill this form out and return with payment to:

Bianca Hervig  
Clauss Recreation Center  
555 W Bryn Mawr Ave  
Roselle, IL 60172



## Memorial Donation

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

*My signature states that I understand this general donation will be put towards a future memorial. I also understand that the Roselle Park District has the authority for determining the final location and/or type of memorial that is purchased with this donation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill this form out and return with payment to:

Bianca Hervig  
Clauss Recreation Center  
555 W Bryn Mawr Ave  
Roselle, IL 60172

## Memorial Tree Options

*Please Circle Your Desired Tree Below*

*Planting Time-Weather Permitting April 1st -October 31st*

*Please allow at least 1 week during the time above for ordering and planting.*

### Shade Trees



*Autumn Blaze Maple*



*State Street Maple*



*Red Oak*

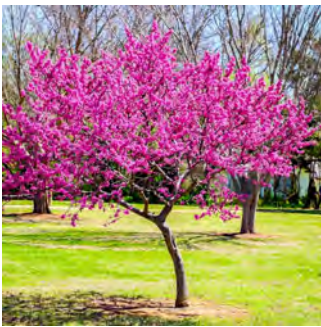


*Swamp White Oak*



*Triumph Elm*

### Flowering Trees



*Redbud*



*Crabapple*



*Magnolia*



*Serviceberry*

### Memorial Plaque



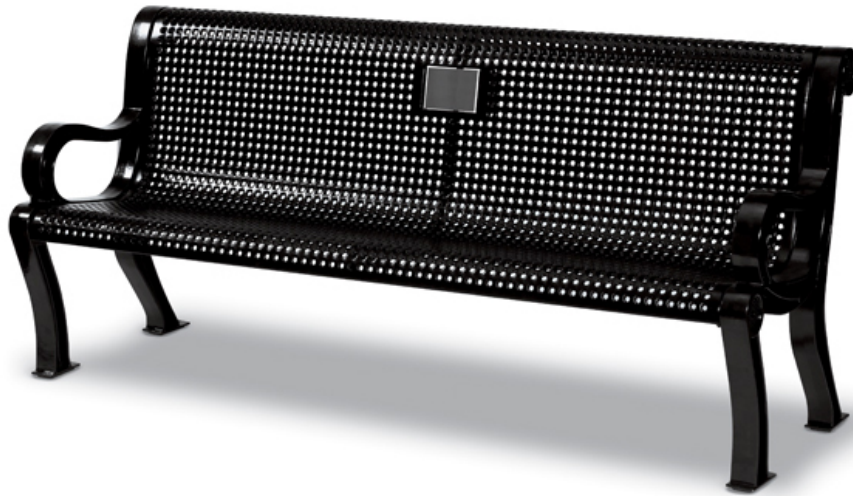


## Memorial Bench Request

*Please See the Memorial Bench Below*

*Installation Time-Weather Permitting April 1st -October 31st*

*Please allow at least 1 month during the time above to order and install.*





# ROSELLE PARK DISTRICT

## SINGLE USE CREDIT CARD AUTHORIZATION FORM

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

3 Digit Code: \_\_\_\_\_

Program/Reason for Charge: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date