

Return with payment to: City of Louisville, Parks & Recreation Department, c/o Memorial Tree & Bench Program, 749 Main Street, Louisville, CO 80027.

Name of Donor _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

In Honor of Name _____

In Memory of Name _____

Proposed Wording for Plaque/Inscription

Name of Card Recipient _____

Recipient Address _____

Recipient City _____ State _____ Zip _____

Please email _____ for pricing information. Fees are subject to change.

Please make all checks payable to the City of Louisville. 50% payment is due upon approval with the balance due upon installation.

For Office Use Only:

_____ Approved

_____ Approved with following conditions

_____ Denied (Explanation)

