



WINTERVILLE COMMEMORATIVE TREE PROGRAM DONATION FORM

Please provide as much information as possible.

Date: _____

Honoree

Name or Title	_____	Type of Commemoration
Address	_____	Memorial: <input type="checkbox"/>
City, State, & Zip	_____	Special Person: <input type="checkbox"/>
		Event place or time: <input type="checkbox"/>
		Other: <input type="checkbox"/>

Donor

Name	_____	Phone Number	_____
Address	_____	Cell Phone Number	_____
City, State & Zip	_____	E-Mail Address	_____

Please accept my donation of \$_____ (\$100 for a planted tree) in support of the Winterville Commemorative Tree Program. Donations of any amount are welcome. Winterville will match each \$100 donation with additional funds and service to plant each tree (Approximately \$100 match in funding and services).

Brief comments to be entered in the Tree Legacy Book located in the Winterville Public Library (20 words or less):

Please Return to:
Winterville Commemorative Tree Program
P.O. Box 306
Winterville, Georgia 30683-0306

Additional comments: _____
