Memorial Tree Order Form

Please print

Date: _____

Name of applicant: _____

Mailing address (for tax deductible receipt purposes):

_____

Email address: _____

Phone number: _____

Cost per Centre of/du Canada Tree: $200.00
Payment: cheque or e-transfer to R.M. of Taché (info@rmtache.ca)

Type of tree and number of tree(s) desired

_____ **Oak** _____ **Maple** _____ **Birch**

_____ **Ash** _____ **Spruce** _____ **No preference**

Name to be inscribed on the marker to be placed in front of the tree:

_____

Applicant's signature: _____

Centre of/du Canada representative: _____