

**VILLAGE OF TUCKAHOE
65 MAIN STREET
TUCKAHOE, NY 10707
914-961-3100**

MEMORIAL TREE PROGRAM

***** PLEASE TYPE OR PRINT CLEARLY*****

Name of Donor_____

Address_____

Phone Number_____

In Memory of_____

Person to be notified of
Donation_____

Address_____

Phone Number_____

Donor's preferred location for planting_____

Type of tree preferred_____

FOR OFFICE USE ONLY

AMOUNT REC'D _____

DATE _____

SPECIES OF TREE _____

LOCATION OF PLANTING: _____

MAKE CHECKS PAYABLE to MEMORIAL TREE FUND, VILLAGE OF TUCKAHOE
65 MAIN STREET, TUCKAHOE, NEW YORK 10707