

UNITY PLEASANTVIEW CEMETERY

MEMORIAL TREE APPLICATION

DONOR NAME: _____

MAILING ADDRESS (P.O. BOX #): _____

CITY/TOWN: _____ PROVINCE: _____

POSTAL CODE: _____

EMAIL: _____ PHONE #: (____)_____

TREE(S) PURCHASED IN LOVING MEMORY OF:

*(PLEASE PRINT CLEARLY ****IMPORTANT**** DECEASED FULL NAME)*

RELATIONSHIP TO DECEASED: _____

COST OF TREE: \$200.00 PER INDIVIDUAL MEMBER

METHOD OF PAYMENT: ___ CHEQUE ___ CASH ___ DEBIT

DATE PAID: _____ REC'D BY: _____