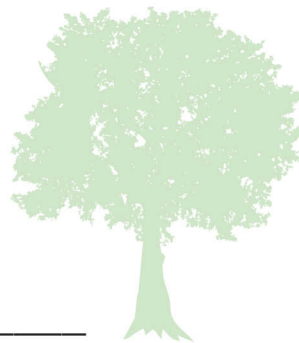


MEMORIAL TREE PLANTING

Order Form



Year: _____

Name: _____

Address: _____

RR# or Box#: _____ City: _____

Province: _____ Postal Code: _____

Phone: (_____) _____ - _____

Email: _____

Tree Choice:

- ____ ① Freeman Maple
____ ② Tulip Tree
____ ③ Flowering Pear
____ ④ Kentucky Coffee



In Memory of: _____
OPTIONAL

Please mail complete form and cheque to:

Town of Petrolia

Memorial Tree Program

411 Greenfield Street, Petrolia, ON N0N 1R0

or in person at Town Hall, 411 Greenfield Street



\$300

paid by:

[_____] Cheque#

[____] Debit *In person only*

[____] VISA

[____] M/C

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Exp: ____ / ____

CCV: _____