



Dover Shade Tree Commission Tree Donation Program Application

Minimum tree donation: \$550 • Optional commemorative plaques available for an additional fee
Final tree species, location, and planting schedule are subject to STC/DPW approval

DONOR INFORMATION

Name / Organization:	
Address:	
Phone / Email:	
Date of Request:	

DONATION TYPE

Tree Donation (\$550 minimum) General Donation (any amount): \$ _____ Payment Method: Check Cash
All checks shall be made payable to the Town of Dover. Please include "**Shade Tree Commission Donation**" in the memo line.

DEDICATION INFORMATION

<input type="checkbox"/> In Honor Of:
<input type="checkbox"/> In Memory Of:
<input type="checkbox"/> To Commemorate:
<input type="checkbox"/> Gift to the Community

TREE / LOCATION PREFERENCES

Preferred Location:
Second Choice:
Preferred Species:
Second Choice:

No preference / use where most needed

COMMEMORATIVE PLAQUE REQUEST (OPTIONAL)

<input type="checkbox"/> Yes, I would like to request a commemorative plaque. <input type="checkbox"/> I understand that the commemorative plaque is optional, subject to an additional fee, and must be paid in full prior to ordering and installation. Plaque Wording: _____ _____ NOTE: Plaques are available for an additional fee. Pricing will be determined by the Shade Tree Commission based on the plaque selected. All plaque wording is subject to STC approval. Payment for the plaque must be received in full prior to ordering and installation.
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ACKNOWLEDGMENT & SIGNATURE

By signing below, I acknowledge that I have reviewed the Town of Dover Shade Tree Commission Tree Donation Program Policy and understand that final tree species, placement, and scheduling are subject to STC/DPW approval and seasonal planting availability. I further acknowledge that any requested commemorative plaque is subject to STC approval and payment of all applicable fees.

Signature: _____	Date: _____
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SUBMIT / SHADE TREE COMMISSION USE

SUBMIT TO Town of Dover Shade Tree Commission 37 N. Sussex Street Dover, NJ 07801	FOR SHADE TREE COMMISSION USE ONLY Date Received: _____ Amount: _____ <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Plaque
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