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Brightside

Brightside Tree-Membrance Application

Donor Information

Enclosed is my donation of $_____ by check or Mastercard/Visa/Discover

Date: _____

Name (who tree is dedicated by): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Visa/Mastercard/Discover Information

Card Number: _____

Cardholder Name:_____

Expiration Date:_____

Tree is to be planted in grove located at the following Metro Park:

_____ **Cox Park** (River Road at Indian Hills Trail):

_____ **McNeely Lake Park** (Cooper Chapel Road):

_____ **Sun Valley Park** (Bethany Lane near Lower River Road):

Gift of tree is given in honor/memory of (please circle one):

Name: _____

Please send a letter of acknowledgement of gift and certificate to:

Name: _____

Address: _____

City: _____State: _____ Zip: _____

Phone: _____

Please mail this completed form to:

Brightside
Tree-Membrance Program
400 South First Street
Louisville, KY 40202
502-574-2613