



**Villa St. Benedict Foundation
Memorial Tree/Shrub
Program**

DONOR INFORMATION

Name: _____

Address: _____

Telephone: _____ Email Address: _____

PLANTING INFORMATION (Pricing of trees and shrubs depends on the size of the plant selected) **\$300-\$500**

New tree species requested: _____

New shrub species requested: _____

Location Preference: _____

INSCRIPTION FOR PLAQUE: In Honor Of In Memory Of In Loving Memory Of

VILLA ST. BENEDICT FOUNDATION FUND: General Fund Charitable Care Fund
 Memory Care Fund

Signature

Date

Please send your check payable to Villa St. Benedict Foundation along with this completed form to

Villa St. Benedict Foundation
Attn: Tammy Bruner
1920 Maple Avenue
Lisle, IL 60532
Giving@villastben.org

OR OFFICE USE ONLY:

Donation Amount: \$ _____
Cost Incl. Planting: \$ _____
Date of Planting: _____
Cost of Plaque: \$ _____
Total Cost: \$ _____

Order
Type of Plant:
Location of Plant: