



# LEGACY TREE PROGRAM

## INFORMATION SHEET

Recipient's Name: \_\_\_\_\_

(Please, **Print** First and Last Name)

### DONOR/PLAQUE INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

Select all that apply to this bequest:

Tree

Plaque

Bench

Select one from the following Headers:

In Honor of

In Recognition of

In Gratitude of / for  In Celebration of

Write a Message for the plaque:

(Limited to 25 Characters)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OFFICIAL USE ONLY

Tree Selected: \_\_\_\_\_ Location Selected: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## LEGACY TREE PROGRAM

“This program is designed to allow citizens a way to recognize the accomplishments of an individual or group to celebrate a birthday, anniversary, graduation or memorialize a loved one.”

### WHERE CAN A LEGACY TREE BE PLANTED?

Legacy trees are typically planted within City of Lewiston parks and open spaces. Most parks are eligible. City staff will work with those purchasing the tree to determine an appropriate location and species of tree. Legacy trees should be planted in the spring or fall, but other accommodations can be made.

### WHAT WILL THE COST BE?

- ❖ Tree \_\_\_\_\_ \$200
- ❖ Tree and Plaque \_\_\_\_\_ \$300
- ❖ Tree, Plaque and Bench \_\_\_\_\_ \$1,500

### TREE STANDARDS:

- ❖ For the best possible growth and in accordance to the City of Lewiston, the tree will be 1.5 – 2” caliper.
- ❖ The Lewiston Parks and Recreation Department will plant, provide irrigation and perpetual care.
- ❖ Trees will not be planted in areas where irrigation is not available.
- ❖ Location and tree type will be selected by the city forester to ensure the best results.

### PLAQUE STANDARDS:

- ❖ Headers are limited to a preset selection provided by the department
- ❖ A plaque's "Message" is limited to a total of 25 characters (*this does not include the header*)

For more information, contact the Urban Forester at 208-746-2313 ext. 6112

### PAYMENT METHOD

Check *Make payable to City of Lewiston*       Cash      Total: \_\_\_\_\_      Receipt #: \_\_\_\_\_

Credit Card:     Visa     Master     Discover      Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp. Date: \_\_\_\_\_ / \_\_\_\_\_      CVV Code: \_\_\_\_\_

*The Lewiston Parks and Recreation DOES NOT provide medical or accident insurance coverage. The participant is responsible. If participant is a minor, parent/guardian is responsible. I/we assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and hold harmless the Lewiston Parks and Recreation for any claim arising out of injury to myself or my/our minor child. I grant the Lewiston Parks and Recreation permission to photograph myself and/or my child/ward and use the photos in displays and promotional materials. This document shall serve as a release for me, my child/ward and our heirs. I have signed this release voluntarily, with full understanding, under perjury, under laws of the State of Idaho.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_