

PENNINGTON MEMORIAL TREE PLANTING PROGRAM

Application Form

NAME: _____

ADDRESS: _____

DAY PHONE #: _____

EVENING PHONE #: _____

TREE MARKER INSCRIPTION TO READ:

CIRCLE ONE: **In Memory of**

In Honor of

PRINT NAME (all capitals)

Year of Birth and Death OR Current Year Only

Mail this form along with a check in the amount of \$300.00 made payable to Pennington Borough.

**Pennington Borough
30 North Main Street
Pennington, NJ 08534**