



**REQUEST FORM**  
**Commemorative and Memorial Tree Program**

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**Contact Information:**

**Name of Donor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

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**Preferred Campus:** \_\_\_\_\_

**Preferred Location:** \_\_\_\_\_

**Type of Tree Requested (Select One)**

- Deciduous Shade Tree
- Evergreen Tree

**Season Requested**

- Spring Planting (Must be submitted by March 30<sup>th</sup>)
  - Fall Planting (Must be submitted by August 31<sup>st</sup>)
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Please send the completed Request Form and a check for \$ 1200.00 made payable to Rutgers – The State University of NJ to:

Scott McFie, University Horticulturist  
University Facilities  
82 Street 1603 Livingston Campus  
Piscataway, NJ 08854-8037