



Donor Tree Request Form

Request Date: _____

Please return this completed form to Heather Vozzella through:

- Email: hdvozze@ilstu.edu. **OR**
- Physical Mail:
 Facilities Services-Grounds Campus Box
 9100 Normal, IL 61790-9100

Requestor Contact

Planting Requested by: _____

Email: _____

Phone: _____

Request Information

Please answer the following questions to help guide the discussion/planning.

Who is the tree in Memory of/Honor of?

Memory Of: _____

Honor Of: _____

Please share types of trees that are special to you.

Please share any locations on campus that have special meaning to you.

Please share any additional information about the individual you are planting a Donor Tree for that may help us work through the best tree and location.

***Please note that final species and location selection will be determined by the Facilities Services – Grounds Department based on current inventory.*

Office Use Only

Date Purchased: _____

Purchased from: _____

Size of Tree: _____

Date Planted: _____

Species: _____

Has tagged been checked for accuracy?

Brief description of location: