



ARCADIA MEMORIAL PARK DONATION ORDER FORM

DONOR NAME(S) _____

ADDRESS _____

PHONE# _____

IN MEMORY/HONOR OF (CIRCLE ONE)

TREE \$400.00 _____

PICNIC TABLE \$1000.00 _____

MAIL YOUR PAYMENT TO:

CITY OF ARCADIA
203 W. MAIN STREET
ARCADIA, WI 54612