# Tree Replanting Donation Form

First and Last Name: _____

Address: _____

Phone Number: _____ Email: _____

Donation Amount: _____ Donation Type (Circle one): Check Cash Credit Card

In Honor/Memory Of: _____

*Checks payable to: **City of Neenah** - Please note in memo: **Tree Replanting Donation**

*Return this form in person or via mail to the Neenah Parks & Recreation Department, 211 Walnut St. Neenah, WI 54956 along with payment.



Department of Parks & Recreation
211 Walnut St. Neenah, WI 54956

Phone: 920-886-6060
parkrec@neenahwi.gov