



Town of Leader - Office of the Administrator
 151 – 1st Street West, Leader, SK., S0N 1H0
 Telephone: (306) 628-3868
 Email: townleader@leader.ca

LEAVES OF LEGACY: A MEMORIAL TREE INITIATIVE

Personal Information contained on this form is received by the Town of Leader in confidence. Release of this information is governed by the provisions of the *Freedom of Information and Protection of Privacy Act*.

Donor(s) Information:		OFFICE USE ONLY
Name:		# OF TREES:
		FEE PAID:
Address:		PLANTING DATE:
		APPROVED BY:
Town:		
Province:	Postal Code:	Phone #:
Email:		
Do you, the donor, wish to receive notification of planting details: <input type="checkbox"/> YES <input type="checkbox"/> NO		

MEMORIAL TREE DONATION IN MEMORY OF: _____

ENTER NAME OF INDIVIDUAL YOU WISH TO PLANT A TREE IN HONOR OF

If you want to provide notice to the family for the donation to the "Leaves of Legacy" Memorial Tree Initiative, please provide family contact details. We will provide the family with the location of the tree as well as a picture of the tree planted in memory if their loved one.

Family Contact: _____ **Email Address:** _____

Planting Area:

Please advise preferred location in the planting area below. You may list choices 1st, 2nd, 3rd, etc. Please note that we will do our best to plant in the preferred location, but the planting location is not guaranteed.

Location	Details	Preference
Leader Cemetery	Around the perimeter and various locations throughout the cemetery.	
Downtown Corridor	On the boulevards along 1 st Avenue.	
Greenspaces/Parks/Sportsgrounds	This includes any Municipal owned playground, green spaces, and recreation facilities.	
General Reforestation	This includes residential boulevards, walking paths and various other locations where needed.	
No Requested Location	Tree will be planted in area determined to be best suited at planting time.	

I acknowledge that the Town of Leader will purchase and plant ___ trees through the Leaves of Legacy Program and have hereby paid the applicable fee.

Signature: _____

Date: _____