Memorial Tree Donation Agreement

I (Full name): ____________________________________________________________________

of (Address): _____________________________________________________________________

Phone: ______________________________     Email: ___________________________________

Hereby donate a memorial tree to the City of Winnipeg Cemeteries Branch to be located in:

(Select one):  □ Brookside Cemetery       □ St. Vital Cemetery       □ Transcona Cemetery

Subject to the following specific rules and the Cemetery Rules and Regulations, currently in force:

• The tree remains the property of the City of Winnipeg;

• The tree will be a 60-70mm caliper size, of a species selected from the Cemeteries Species Listing;

• If a tree fails to flourish at any time within the first three years of planting, the Municipal Cemeteries will replace the tree with a suitable alternative, at no cost;

• The Municipal Cemeteries Branch reserves the right to remove and not replace a donated tree that has been in place for longer than three years and has died, become diseased or dangerous; and

• No flowers or other forms of memorabilia may be attached to the tree. The Municipal Cemeteries Administrator reserves the right to remove and dispose of all memorabilia found attached to, or laying on or around the tree.

For office use only:

Location of bench: ________________________________________________________________

(e.g. Beside Memorial Boulder #65)

The Municipal Cemeteries Branch will attempt to accommodate the requested location of the tree as closely as possible but reserve the right to make the final location decision.

The cost to donate a tree: Tree donation price available on request (GST/PST Exempt).

Payment may be made by: cash, visa, M/C, Amex. Interac, or Cheque* made payable to “The City of Winnipeg”.

*For payments made by cheque we are unable to process this request until the monies have been cleared.

☐ I have read and understood the above terms and agree to be bound by them.

Signature: _______________________________     Date: ______________________

For office use only:

Paid by:  □ Cheque       □ Visa       □ Amex       □ Interac       □ M/C  Cash

Date paid: ________________      Date Ordered: ________________      CSA: ________________