



*The Commemorative Brick Walkway and Gardens
at Delta Gamma Executive Offices in Columbus, Ohio*

Proceeds from this project will benefit future generations
through the Marie Garlichs Hormann Memorial fund.

TREE ORDER FORM

Donor's full name _____

Mailing address _____

Chapter of initiation if a Delta Gamma _____

Phone _____ E-mail _____

In honor of (person is living) _____

Chapter of initiation if person is a Delta Gamma _____

In memory of (person is deceased) _____

Chapter of initiation if person was a Delta Gamma _____

Send acknowledgment certificate *suitable for framing* to:

Name _____

Mailing address _____

Zip _____ Phone _____ E-mail _____

Norway Spruce: \$1,300

Check amount \$ _____ Payable to the *Delta Gamma Foundation*

MasterCard amount \$ _____ Visa amount \$ _____ American Express \$ _____

Credit card number _____ Exp. Date _____

Signature _____

The copper plaque that will be placed next to the tree should say: _____
