



THE GARDEN CONSERVANCY

MEMBERSHIP ENROLLMENT FORM

Please enroll me as a member at the following level:

- | | | | |
|----------------------------------------------|-------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> \$50 Individual | <input type="checkbox"/> \$150 Garden Club/Org. | <input type="checkbox"/> \$1,500 Sponsor | <input type="checkbox"/> \$10,000 Chairman's Circle |
| <input type="checkbox"/> \$75 Supporting | <input type="checkbox"/> \$250 Garden Sustainer | <input type="checkbox"/> \$2,500 Patron | <input type="checkbox"/> \$20,000+ Founder's Circle |
| <input type="checkbox"/> \$125 Garden Friend | <input type="checkbox"/> \$500 Garden Partner | <input type="checkbox"/> \$5,000 President's Circle | |
| | <input type="checkbox"/> \$750 Garden Champion | | |

SOCIETY OF FELLOWS:

Please print

How did you hear about the Garden Conservancy? _____

Name _____

Organization (if applicable) _____

Address _____

City, State, Zip _____

Daytime Telephone _____ E-mail _____

- I wish this gift to remain anonymous.
- I have included my company's matching gift form.
- This is a gift membership for:** *Please fill in recipient contact information so that we may announce your gift. Please print.*

Name _____

Address _____ City, State, Zip _____

Send gift order to: Purchaser Recipient

This donation is: In honor of In memory of Message: _____

Name _____

Address _____ City, State, Zip _____

Payment Information

- \$ _____ Membership Contribution
- \$ _____ Gift Membership Contribution
- \$ _____ Donation—In honor of/In memory of
- \$ _____ Open Days Tickets— \$30 for six (50% member discount) *at least 1 book FREE for members \$250+
- \$ _____ Total Amount Due

Enclosed is my check/money order payable to The Garden Conservancy.

Please charge my: MasterCard VISA AMEX

Name as it appears on the card _____

Card # _____ Expiration Date (MM/YYYY) _____ / _____

Authorizing signature _____

I am interested in learning about planned gift opportunities and other ways to support the Garden Conservancy.

Remittance Instructions

Please return completed form with payment to:
 The Garden Conservancy, P.O. Box 608, Garrison, NY 10524
 T: 845.424.6500 F: 845.424.6501

The Garden Conservancy, Inc. is a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code. Membership contributions are tax-deductible to the fullest extent allowed by law.