

THE GARDEN CONSERVANCY

MEMBERSHIP ENROLLMENT FORM

Please enroll me as a member at the following level: SOCIETY OF FELLOWS: □ \$50 Individual □ \$150 Garden Club/Org. □ \$1,500 Sponsor □ \$10,000 Chairman's Circle □ \$250 Garden Sustainer □ \$75 Supporting □ \$2,500 Patron □ \$20,000+ Founder's Circle □ \$125 Garden Friend □ \$500 Garden Partner □ \$5,000 President's Circle □ \$750 Garden Champion Please print How did you hear about the Garden Conservancy? 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 City, State, Zip Address _____ 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 \$ _____Total Amount Due □ Enclosed is my check/money order payable to The Garden Conservancy. ☐ MasterCard ☐ Visa ☐ American Express Please charge my: 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