

Taltree Arboretum & Gardens Membership Form



Taltree
arboretum & gardens

NEW MEMBERSHIP RENEWAL MEMBERSHIP GIFT MEMBERSHIP

Date: _____

Individual \$40 Family \$100 Extended Family \$225

Member Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Business _____

E-Mail _____

Adult name(s) as they should appear on the card(s):

Individual 1 adult _____

Family 2 adults _____

Extended Family 4 adults _____

FOR GIFT MEMBERSHIPS, COMPLETE THE FOLLOWING:

This membership is a gift from:

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____

E-Mail _____

Gift Message _____

PAYMENT

Cash

Membership Fee: \$ _____

Check made payable to: Taltree Arboretum & Gardens

Gift Membership: \$ _____

Credit Card: Master Card Visa Discover

Charitable Donation: \$ _____

Card #: _____ 3-digit code _____

Subtotal: \$ _____

Exp. Date: _____ Billing Zip Code: _____

Less Grounds Admission Fee*: - _____

Signature: _____

(Must attach receipt)

I am interested in Planned Giving opportunities.

TOTAL ENCLOSED: \$ _____

My/Our Charitable Donation will be matched by _____
(Please mail Taltree the required forms) *Name of Company*

Thank you for your support!

Terms subject to change without notice. *Taltree Grounds admission fee deductible **on same day purchase** of membership *only*. Special event pricing not included with membership. Extra fees may apply.