

TALTREE ARBORETUM & GARDENS

Membership Form



DATE: _____

- **New Membership:** Individual \$30 Family \$60 Friend \$150
- **Renewal Membership:** Individual \$30 Family \$60 Friend \$150

Name _____

Additional name (Family or Friend Membership) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

- I am interested in Planned Giving opportunities.

How did you hear about Taltree? _____

- **Gift Membership:** Individual \$30 Family \$60 Friend \$150

Recipient Name _____

Additional name (Family or Friend Membership) _____

Recipient(s) Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

- **Tax-Deductible Charitable Donation:** \$ _____
 My company: _____ will match my gift (please mail Taltree their forms).

• **Payment**

My check is enclosed made payable to: **Taltree Arboretum & Gardens**

I am paying by Credit Card

Master Card

Visa

Discover

Card #: _____

Exp. Date: _____ Zip Code: _____

Signature: _____

New/Renew Membership: \$ _____

Gift Membership: \$ _____

Charitable Donation: \$ _____

TOTAL ENCLOSED: \$ _____

Mail to: Taltree Arboretum & Gardens
 71 North 500 West, Valparaiso, IN 46385-9231
 Phone: 219-462-0025 Fax: 219-462-0848 Website: www.taltree.org

Thank you for your support!