

STONECROP GARDENS MEMBERSHIP

Please enroll me as a member at the following level:

- | | |
|---|---|
| <input type="checkbox"/> Individual \$35 | <i>Stonecrop Society:</i> |
| <input type="checkbox"/> Family/Dual \$50 | <input type="checkbox"/> Patron \$500 |
| <input type="checkbox"/> Charter \$100 | <input type="checkbox"/> Fellow \$1,000 |
| <input type="checkbox"/> Sponsor \$250 | <input type="checkbox"/> Benefactor \$5,000 |

Name (please print): _____

Organization: _____

Address: _____

City, State & Zip: _____

Telephone: _____ Email: _____

- Please mail me a copy of Stonecrop's *Index Seminum*.
(also available on our website, www.stonecrop.org)
- I wish this gift to remain anonymous.
- I have included my company's matching gift form.

The enclosed is:

- a gift membership for: in honour of: in memory of:
- (Please fill in the recipient contact information so that we may announce your gift.)

Name (please print): _____

Organization: _____

Address: _____

City, State & Zip: _____

\$ _____ Membership Contribution
\$ _____ Gift Membership Contribution
\$ _____ Total Amount Due

- Enclosed is my check/money order payable to Stonecrop Gardens.

Please charge my: MasterCard Visa

Card #: _____ Exp Date: _____

Authorized Signature: _____

Name as it appears on card: _____

Please return completed form with payment to:
Stonecrop Gardens, 81 Stonecrop Lane, Cold Spring, NY 10516
Tel: 845-265-2000; Fax: 845-265-2405

Stonecrop Gardens is a tax-exempt organization under section 501(c)3 of the Internal Revenue Code. Contributions are tax-deductible to the full extent allowed by law.