



BERKSHIRE BOTANICAL GARDEN

GIFT MEMBERSHIP FORM

Recipient Name _____

(Mr., Mrs., Ms., Miss, Dr.)

Mailing Address _____

City _____ State _____ Zip _____

Telephone () _____ E-Mail address _____

Gift Message (optional) _____

Gift-Giver Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone () _____ E-Mail address _____

I will deliver the gift personally Please send gift to recipient

Enter the NEW RENEWAL Gift Membership at the level chosen below:

- Individual \$45
- Family/Dual \$65
- Supporter \$150
- Friend \$250
- Patron \$500
- Fence Club \$1000+

- I would like to make an additional donation of \$ _____ to the Garden's Annual Fund.
- I have enclosed a check made payable to Berkshire Botanical Garden in the amount of \$ _____.
- Please charge my credit card: American Express Discover MasterCard Visa

Credit Card Authorization -- Amount to be charged \$ _____ Signature _____

Name on Card _____

Card Number _____ Expiration Date _____

- I would like to volunteer at the Garden. Please send me your Volunteer brochure.
- I would like to receive the Garden's eNewsletter. (Provide E-mail address above.)

Contributions to the Berkshire Botanical Garden, a 501(c)(3) organization, are fully tax-deductible as permitted by law.

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