



## BERKSHIRE BOTANICAL GARDEN

### GIFT MEMBERSHIP FORM

Recipient Name \_\_\_\_\_

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

Primary Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ E-Mail address \_\_\_\_\_

Gift Message (optional) \_\_\_\_\_

Gift-Giver Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

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:

Student \$30

Friend \$250

Individual \$50

Patron \$500

Family/ Dual \$75

Fence Club \$1000+

Supporter \$150

Fence Club Benefactor \$2500+

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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