

Gift Membership Form

Pleas level:	, ,	membership to the North Card	olina Botanica	Il Garden at the following
	Group Membership:	□ \$75 Household □ \$60 Ser	nior Household	d (65+)
	Single Memberships:	□ \$50 Individual □ \$30 Seni	or (65+) 🗆	\$30 Volunteer
		□ \$30 Educator (pre-k 12)	□\$30 Stude	nt
	☐ Send gift certificate to	o recipient	ificate to paye	e
Name(s) of Gift Membership Recipient			
Address	S			
City		State	ZIP	
Email A	ddress (to receive monthly e-news	letter)	Teleph	none Number
\$	Gift Membership	For questions or	to	
\$	Additional Gift	process via phor		
\$	Total amount end	call 919-962-064	-2	
	Check payable to the North Carolina Botanical Garden Foundation, Inc. Credit card payment: USA MasterCard Amex Discovery Card			Return to: North Carolina Botanical Garden Attn: Allison Essen, Membership
Account Number Expiration Date			University of North Carolina at Chapel Hill Campus Box 3375	
Name on Card (please print)			Chapel Hill, NC 27599-3375	
Signatu	re			
Billing I	nformation:			
Name _			_Telephone or Ema	il
Address	3			
City		State	ZIP	