

MEMBERSHIP FORM

New Membership Renewing Membership

Mr. Mrs. Mr. & Mrs. Ms. (circle one)

Full Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

E-mail: _____

Birthday (optional): _____

Contact me about volunteer opportunities: Yes No

GIFT MEMBERSHIP

I would like to give a gift membership to:

Mr. Mrs. Mr. & Mrs. Ms. (circle one)

Full Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

E-mail: _____

Total amount of memberships: \$ _____

PAYMENT INFORMATION:

Payment options: Visa, MasterCard, Discover

Please make check to:

Friends of The Elizabethan Gardens

Name on credit card: _____

Account # _____

City: _____

Billing Address: _____

State: _____ Zip: _____

Expiration Month /Year: _____

Signature: _____

Date: _____ code: _____

Your contributions, less the monetary value of goods and Services received, are tax deductible under section 501(c)3.

Send payment and form to:

The Elizabethan Gardens

1411 National Park Drive, Manteo NC 27954

THANK YOU FOR YOUR SUPPORT.

JOIN US, BECOME A
Friend
TOGETHER
WE GROW BEAUTY



**THE ELIZABETHAN
GARDENS**