

**Sunshine Coast Botanical Garden Society
Donation / Membership Form**

Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone: _____

E-mail: _____

Please send me the *Sala!* Newsletter by email

1-year individual membership - \$20 Family - \$25

2-year individual membership - \$30 Family - \$40

List family member names: _____

Please contact me about volunteering.

Please contact me about a major gift to the Garden.

My one-time SCBGS donation is enclosed.

Donation for the Endowment Fund (payable to SC Community Foundation)

Celebration Gift in the name of: _____

Monthly contribution – Amount \$ _____

12 post-dated cheques enclosed

Charge my credit card on the 1st of each month for:

1 year 2 years 3 years

Charge my credit card on the 15th of each month for:

1 year 2 years 3 years

Payment Methods:

VISA MasterCard

Name on Credit Card: _____

Card number: _____

Expiry date: mm _____ yy: _____

Signature: _____

Cheque enclosed payable to the Sunshine Coast Botanical Garden Society

To assist us in preparing our Annual Report:

My/our name should appear as: _____

I/we wish to remain anonymous.

**Sunshine Coast Botanical Garden Society
Box 1518,
Sechelt, B.C. V0N 3A0**