

Clark Gardens

BOTANICAL PARK

Member Information (Please Print)

New ___ Renewing ___

Mr. & Mrs. ___ Mr. ___ Mrs. ___ Ms. ___ Dr. ___

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Please note: we communicate with our members via email whenever possible.

Membership Levels

___ Single \$50.00 ___ Dual \$75.00

___ Family \$100.00 ___ Sustaining \$500.00

Business Memberships

___ Business Supporter \$500.00

___ Business Patron \$1000.00

___ Business Benefactor \$2500.00

Clark Gardens Contact Information

phone: (940) 682.4856

email: info@clarkgardens.org

Payment Information

___ Enclosed is my check made payable to
Clark Gardens Botanical Park

Please charge \$ _____ to: Visa ___ MasterCard ___
_____ Exp. _____

Signature: _____

Contributions are tax deductible to the extent provided by law.

Please mail this completed form and payment to:
Clark Gardens Botanical Park
P.O. Box 276
Mineral Wells, Texas 76068

If this membership is purchased as a gift, please provide the donor information below:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

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		FOR OFFICE	USE ONLY		
Amount _____	Date Received _____		Expiration Date: _____	Computer _____	