



## Contributions to AHS

### Printable Contribution Form

Print this form, fill in the necessary information and mail your completed form and payment to:

AHS Contributions  
American Horticultural Society  
7931 East Boulevard Drive  
Alexandria VA 22308-1300

I wish to make a contribution to the American Horticultural Society!

#### Contribution Type: Check One:

- |  |  |
|--|--|
| <input type="checkbox"/> Friend of River Farm - \$35 | <input type="checkbox"/> President's Council - \$1,000         |
| <input type="checkbox"/> Sustaining - \$50           | <input type="checkbox"/> Haupt Associates - \$2,500            |
| <input type="checkbox"/> Contributor - \$100         | <input type="checkbox"/> Liberty Hyde Bailey Associates - \$5, |
| <input type="checkbox"/> Benefactor - \$250          | <input type="checkbox"/> Chairman's Circle - \$10,000          |
| <input type="checkbox"/> Patron - \$500              | <input type="checkbox"/> Other Amount: _____                   |

#### Here is important information about me AHS needs to know!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- Please check here if you use gardening knowledge in your profession.  
 Please check here if you'd like to represent AHS at events in your area.

#### Method of Payment:

Check enclosed: \_\_\_\_\_ Check Number

Credit Card Payment:

VISA  MasterCard  American Express

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_