

Yes! I/We want to ensure that MSHS continues to grow gardeners.

Here is my/our gift of: \$1,000 \$500 \$250 \$100 \$50 \$25 \$15 Other \$_____

Name(s) _____

Address _____

Email _____

- My check is enclosed, payable to MSHS
- Please charge \$ _____ to my credit card (see authorization below)
- I/We would like to pay \$ _____ monthly by credit card
- My employer or my spouse's/partner's employer will match my gift.
Company Name _____
 Matching gift form enclosed No form needed
- My gift is in honor or memory of _____
- Please notify (name and address) _____

Authorization for One-Time or Monthly Credit Card Payment

Amount \$ _____ One-time gift Monthly gift
 Visa Mastercard Discover Amex
Card # _____ Expiration _____ CVV Code _____
Signature _____

I understand that I can stop or change the amount of monthly payments at any time by notifying MSHS at least three business days before my account is charged (on the 16th of the month).

- I/We have included MSHS in my/our will, retirement fund, insurance or other investment. To learn more about Heirloom Circle membership, please call 651-643-3601.
- I am making a gift from a donor advised fund or from my IRA

Full Legal Name: Minnesota State Horticultural Society
Tax ID Number: 41-0635199

Your gift is tax deductible to the fullest extent of the law.

