

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

Please fill out and mail to MSHS, 1935 County Road B2 West, Suite 125, Roseville, MN 55113

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 _____
Signature _____

I understand that I can stop or change the amount of monthly payments by notifying MSHS 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. For more information about Heirloom Circle membership, please call 651-643-3601 or 1-800-676-6747. Please send me information about the Heirloom Circle.

___ 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.

