

# Invest in Rose Hill's Heritage and Future

NAME: DR. / MR. / MRS. / MS. / MISS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PLEASE SELECT A LEVEL OF SUPPORT FROM THE FOLLOWING:**

- Cornice \$10,000 and above
- Parapet \$9,999-\$8,000
- Staircase \$7,999-\$5,000
- Second Floor \$4,999-\$1,000
- First Floor \$999-\$100
- Foundation Gifts up to \$99

**IS THIS IN MEMORY OR HONOR OF SOMEONE?**  No  Yes (If yes, fill out the information below)

PERSON BEING RECOGNIZED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MESSAGE ON CARD: \_\_\_\_\_

**I would like to receive correspondence concerning other giving opportunities in support of Lockerly Arboretum programs, special projects and the annual fund. (select one)**

- No  Yes

**FORM OF PAYMENT**

- Check payable to Lockerly Arboretum  VISA  MC

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

Credit Card #: \_\_\_\_\_ CID Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Mail Completed form to:** Lockerly Arboretum  
P.O. Box 310  
Milledgeville, GA 31059

**Thank you for supporting the preservation of Rose Hill.**