

Donate and Support Lockerly Arboretum

NAME: DR. / MR. / MRS. / MS. / MISS _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

EMAIL ADDRESS: _____

PLEASE SELECT WHERE YOU WOULD LIKE TO DIRECT YOUR DONATION

Education Building Sinks

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 programs and facilities at Lockerly Arboretum
and the Worley Outdoor Education Center**