



Donation & Membership Form 2024

Date: _____

Please help us ensure your information is up to date!

Donor/Member Name: _____
OR
 Business Name: _____

Mailing Addr: Street / P.O. Box: _____
 Town/City: _____ Prov _____ Postal Code _____

Phone: _____ Email: _____

Please add me to your contact list for Historic Gardens updates and news!

Gardens Donors are important to us. We want to be able to recognize you in our publications, in order to thank you as well as encourage others to join you in your support of the Historic Gardens. We will use only your name along with broad categories of support. Please signify your preference below:

YES, I am happy to have you publish my name in your donor lists and hope this will encourage others to become supporters as well.
 Name(s) as I wish to appear: _____

NO, I do not want my name published and prefer to remain anonymous.

Donation Information:

General Support – please use my donation wherever needed! \$ _____

Memorial / Commemorative Donation: \$ _____
 Honouring _____
OR In Memory of _____
 Please notify (name & address) _____

Other (please specify): _____ \$ _____

Supporting Pledge: Amount: \$ _____
 Frequency: Annually Quarterly Monthly
 Start date: _____ End date (if applicable): _____

Payment Information:

Donation Total (from above) \$ _____
 Memberships (carried from Page 2) \$ _____

GRAND TOTAL >>> \$ _____

I have enclosed a cheque(s) payable to the Annapolis Royal Historic Gardens Society

Please process my payment through my credit card:
 VISA / MC # _____ Exp: _____ CVV: _____
 Cardholder: _____ Signature: _____

You can conveniently make purchases and donations via our Online Store at www.historicgardens.com

See reverse
➔

2024 Annual Membership & Related:

<input type="checkbox"/>	2024 Annual Membership: Adult	___ x \$55 =	\$ _____
	(aka Season Pass) Senior (60+)	___ x \$50 =	\$ _____
	Student – full time, age 18-25	___ x \$20 =	\$ _____
	Kids Under 18	___ x Free	\$ 0.00

If ordering multiple passes, please list names and addresses for each passholder.

<input type="checkbox"/>	2024 GOLD Membership (Annual Memb plus 5 guest passes)	\$110	\$ _____
<input type="checkbox"/>	Members GUEST PASS Deal (4 guest passes for only \$50)		\$ _____

Memberships Subtotal (carry over to Page 1) \$ _____

Volunteering

I would love to volunteer! Please contact me to chat further.

My volunteer interests are:

- Gardening
- Helping with events and activities
- Visitor services and guiding
- Office related, mailouts etc
- Painting and maintenance
- Volunteer Communication & Coordination
- Other: _____

Planned Giving and Gifts of Shares/Securities

If you are interested in finding out more about providing a legacy gift to the Gardens, please contact us. If we cannot answer all your questions, we can put you in touch with professionals who can.

Please contact me with information about:

- Remembering the Gardens in my will
- Donation of shares or securities
- Other Planned Giving opportunities (*life insurance, annuities, etc.*) and their tax advantages
- Other: _____

