

  NEW RENEWAL DONATION

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Membership Donation Levels**: *(Select a donation level and mail this form with your payment to The Pine Hollow Arboretum, 34 Pine Hollow Road, Slingerlands, New York 12159)*

**Individual …………………….. $ 25**

**Family ………….………………. $ 45**

**Contributor …………..….…….. $100**

**Sustaining ……………………… $300**

**Patron ………………………….. $500**

 *(property access at personal convenience*

 *upon notification of management)*

**Preservationist …………………. $1,000**

 *(use of Visitor’s Center for one event)*

 *The Pine Hollow Arboretum is a tax-exempt, nonprofit organization. Membership donations are fully tax deductible to the maximum extent allowable by law.*

*Website-membership levels/form2 5/8/13*