

## Corporate Membership Application

AT THE IDAHO BOTANICAL GARDEN

Please complete this form		es! I want to the Idaho Bot			nber	
mail it with your payment	to				INI KINID	
the Idaho Botanical Garden.  You may also call us to make your gift over the phone, or visit our website to make your		Choose your giving level:		CASH	IN-KIND	
		Contributing		0	0	
		Sustaining	\$500	0	0	
		Sponsoring	\$1000	0	0	
ŕ		Patron \$2,5	00	0	0	
gift online.		Benefactor	\$5,000	$\circ$	$\circ$	
		Continued H	orticulture S	ervices (value	to be determined)	
Business Name & Inform	nation					
Date						
Company Name (As you would I			ublications):			
		, , , , , , , , , , , , , , , , , , , ,				
Mailing Address						
City		State	Zip	Code		
Phone Number		Fax Number _				
Company Website						
Contact Name		Contact Email	-			
Publish company name on t	○ Yes	○ No				
Does your company match gifts?		○ Yes	○ No			
Payment Method						
Credit Card	Credit Card Numb	oer				
	Exp Date		CCV			
☐ Please invoice me	Send to (E-mail or	Send to (E-mail or Mailing Address):				
☐ Check Enclosed	Check #		Check Date _			
☐ In-Kind	○ Service	<ul><li>Equipment</li></ul>	○ Goods			
	In-kind Description:					

The mission of the nonprofit, 501(c)(3) Idaho Botanical Garden is to provide a full garden experience for all ages that enhances our community's quality of life through plant collections, education programs, and entertainment, cultural and community events.