

MEMBERSHIP APPLICATION

NEW RENEWAL GIFT*

Member Name(s) Dr. Mr. Mrs. Ms. Miss

Address

City

State

ZIP

Home Phone

E-mail Address

Yes, I would prefer to receive e-mail communications.

Please check the appropriate box(es):

- Individual \$50 Patron \$500
 Family/Dual \$75 Contributor \$1,000
 Sustainer \$100 Benefactor \$2,500
 Friend \$300
 Picnic Pops Car Pass \$95
 Picnic Pops Sponsor Pass \$175

* Gift Membership Information

Gift From

Address

City

State

ZIP

Home Phone

E-mail Address

Please send the Gift Membership Packet to me

Payment is enclosed in the amount of \$ _____

Please charge my VISA MC AMEX \$ _____

Account Number

Expiration

Signature

PLEASE SEND INFORMATION REGARDING:

- Corporate Membership Children's Programs
 Matching Gift Program Volunteer Program

*For a copy of our Annual Report, please contact Old Westbury Gardens,
or write to The New York State Attorney General's Charities Bureau,
Attn: FOIL Officer, 120 Broadway, New York, NY 10271*

PO BOX 430, Old Westbury, New York 11568

P. (516) 333-0048 F. (516) 333-6807