

# GIFT OF A GARDEN PASS APPLICATION

Please Print. \*Required fields to ensure expedited processing.



This is a:

**NEW GIFT**

**RENEWAL GIFT**

## PLEASE SELECT ONE:

- |             |   |                                       |
|-------------|---|---------------------------------------|
| Garden Plus | <input type="checkbox"/> 1 yr. \$150                            | <input type="checkbox"/> 2 yrs. \$290 |
| Family      | <input type="checkbox"/> 1 yr. \$105                            | <input type="checkbox"/> 2 yrs. \$200 |
| Dual        | <input type="checkbox"/> 1 yr. \$85                             | <input type="checkbox"/> 2 yrs. \$160 |
| Individual  | <input type="checkbox"/> 1 yr. \$60                             | <input type="checkbox"/> 2 yrs. \$110 |
| Student     | <input type="checkbox"/> 1 yr. \$25 (valid student ID required) |                                       |

## GIFT RECIPIENT INFORMATION

\*Gift Recipient Name: (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please use given names that match identification. Include email addresses for all Garden Pass members who wish to receive e-Renewals and e-Newsletters.*

Primary Member Name: (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

Primary Member Email: \_\_\_\_\_

### *For Dual and higher levels: (Name Required)*

Secondary Member Name: (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

Secondary Member Email: \_\_\_\_\_

**Number of children** (or up to four grandchildren) ages 18 and under: \_\_\_\_\_ (Family and Garden Plus levels)

## DONOR INFORMATION

\*Your Name (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**How did you hear of this:**  Onsite  E-News  Our Website  Advertisement  Word of Mouth  I'm a Member

Another Website \_\_\_\_\_  Other \_\_\_\_\_

## PAYMENT INFORMATION

I have enclosed a check made payable to **Longwood Gardens**.

Please charge my:  Visa  MasterCard  Discover  American Express  Gift Card

Name \_\_\_\_\_

Signature \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

COUPON CODE: \_\_\_\_\_

### IMPORTANT INFO

Date you would like the Garden Pass to begin:

(If this field is left blank, the Garden Pass will start the day it is processed.)

Please mail member materials directly to:

**Donor**

**Gift Recipient**

**Mail To:** Longwood Gardens • Central Ticketing • P.O. Box 501 • Kennett Square, PA 19348