

Monk Botanical Gardens



518 S 7th Ave., Wausau, WI 54401 www.monkgardens.org 715-261-6309

Membership Registration

Name(s): _____

Mailing address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____ DOB: _____

Circle your Membership Level

\$15/Student

\$40/Friend (Individual)

\$60/Family (2 adults & children 18 & under in HH, or grandchildren)

\$100/Contributor

\$250/Patron

\$500/Benefactor

\$1000/Visionary

This Membership is a Gift for: _____

Mailing address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____ DOB: _____

This contribution is a company Match. Company Name: _____

I would like to make an additional donation to the Garden of \$: _____

TOTAL AMOUNT (Membership + Donation): _____

PAYMENT OPTIONS

Check enclosed (payable to Monk Botanical Gardens)

VISA ___ or Mastercard ___

Card#: _____ Name on Card: _____

Mailing Address (if different from above): _____

Exp Date: _____ CVV: _____ Zip Code: _____

Signature: _____ Date: _____