



**Yes! I wish to become a member of The Botanical Gardens at Asheville.
Enclosed is a check for my annual membership.**

\$40 MEMBER

\$15 STUDENT

\$75 CONTRIBUTOR

Gift for ENDOWMENT FUND \$ _____

\$150 SUSTAINER

Other SPECIAL GIFT \$ _____

Name: _____

Address: _____

City, state, zip: _____

Email: _____

Yes! I would like to volunteer my services to the Gardens.

Phone: _____

Mail to:

The Botanical Gardens at Asheville
151 W.T. Weaver Boulevard
Asheville, NC 28804
(828) 252-5190
office@ashevillebotanicalgardens.org

Note: We do not share member information.