



## 2017 KCG MEMBERSHIP

Today's Date: \_\_\_\_\_

*Cost is \$90 (\$75 for Friends of The Arboretum). Season runs March 30-October 29.*

*Each membership will receive one (1) card; card **must be presented** at every visit. If lost or stolen, one replacement card will be provided @ the cost of \$5.00, only one replacement card will be issued per year.*

*2017 KCG Membership cards will be available for pickup during open hours of the KCG.*

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Name to be listed on card (ex: Scott Family):** \_\_\_\_\_

*Circle One: Cash    Check # \_\_\_\_\_    Visa    MasterCard    Amount: \$ \_\_\_\_\_*

*Credit Card #: \_\_\_\_\_    Exp.Date: \_\_\_\_\_*

*Cardholder signature:* \_\_\_\_\_

## 2017 KCG GIFT MEMBERSHIP

*A Certificate will be mailed to the recipient notifying them of your gift. If you would prefer the certificate to be sent to your address, please check here*

### Gift For:

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**EMAIL (if known):** \_\_\_\_\_

### Gift From:

**NAME:** \_\_\_\_\_

**PLEASE RETURN FORM TO:** Kentucky Children's Garden; Attn: Dayna Baston  
500 Alumni Drive, Lexington, Kentucky 40503

### OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Card Printed: \_\_\_\_\_ POS: \_\_\_\_\_