



Kentucky Children's Garden 2024 Season Membership

Membership includes one (1) card. **CARD MUST BE PRESENTED AT EACH VISIT** and is good for the **MEMBER** and up to four (4) guests per visit.

This Season Membership is for:

FIRST NAME: _____ LAST NAME: _____

PHONE #: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

This Kentucky Children's Garden Membership is a gift. _____ Yes _____ No

GIFT FROM (FIRST NAME): _____ LAST NAME: _____

A KCG Season Membership Certificate will be mailed to the recipient notifying them of your gift. If you would prefer the certificate to be mailed to you, please indicate your mailing address below.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

I understand and accept this KCG Season Membership purchase is non-refundable.

I understand and accept this KCG Season Membership is non-transferable.

I understand and accept this KCG Season Membership is valid for the 2024 season; date, times and hours are subject to change.

Please check here if you do not want to receive emailed updates from The Arboretum.

PAYMENT: 2024 Season Membership is \$130. Please circle the appropriate sections below:

-\$10.00 I am an Arboretum Friend and qualify to receive a 10% discount on a Season Membership (must show proof of current Arboretum Friend status at time of purchase).

-\$5.00 I held a KCG Season Membership in another year and retained my blue season membership card.

+\$5.00 I would like to purchase a second Season Membership card (in addition to the one I will receive for my 2024 Season Membership purchase).

\$ Total amount enclosed

PLEASE NOTE OUR ACCEPTED METHODS OF PAYMENT! Circle One: Cash Check Visa Mastercard

You can send this form via US Mail with a check or your credit card information.

You can come to the Visitor Center and pay with cash, check, VISA or MasterCard.

For your safety and protection, credit card information CANNOT be sent via EMAIL.

Credit Card number (required only if you mail payment via US Mail)

_____ Expiration date: _____ CCV number: _____

Cardholder printed name: _____ Cardholder signature: _____

Mail to: KY Children's Garden, The Arboretum, University of Kentucky, 500 Alumni Drive, Lexington, KY 40503

Office Use Only:

Date payment received: _____ Amount: _____ Card printed: _____ POS entry: _____