

## Leave a LEAF Legacy Fund gift now:

Count me as a contributor to the LEAF Legacy Fund Amount \$ \_\_\_\_\_

Donations to the LEAF Legacy Fund are used to support LEAF's endowment programs, which enhance education, services, and facilities at horticultural educational facilities.

Spruce Circle \$25,000+    Oak Circle \$50,000+    Sequoia Circle \$100,000+    Other - Please Contact Me

Method of Payment:    Check    Visa    MasterCard

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

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Signature (if mailing)

### Please use my gift as follows:

Unrestricted gift to meet LEAF's greatest needs

For this scholarship or program: \_\_\_\_\_

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

### Send an acknowledgement to: (if gift is an honor or memorial)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Please provide the following information about yourself for our records and gift acknowledgement:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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## LEAF Legacy Fund Membership Form

To be included as a Member of the LEAF Legacy Fund, please complete and return this information to LEAF or call (800) 448-2522 for a confidential appointment.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

I/We authorize LEAF to list the following name(s) as members of LEAF Legacy Society.

\_\_\_\_\_  
Please describe below, or mail a copy of, the instructions found in your will or trust pertinent to LEAF:

I/We have made provisions for a gift, but wish to be listed as anonymous members at this time.

I/We would like further information about planned giving opportunities.

*This statement is non-binding.*