



American Horticultural Therapy Association.

Gift Membership Form/Annual Fund Gift

Please print legibly!

Fax this form to: 610-225-2364

Mail: AHTA, 150 S. Warner Road, Suite 156, King of Prussia, PA 19406

Gift Membership Recipient or Annual Fund Honoree:

(Acknowledgement will be sent to this person and address)

Recipient: _____
First Name Middle Initial Last Name

Recipient Address:

Address

City State Zip Code

Email address (if known) or phone number

Gift *(choose one):*

- Associate Membership \$145
- Student Membership \$55
(Student members will be asked for proof of full-time student status)
- Gift to the Annual Fund Amount: \$_____

Gift to the Annual Fund *(choose one) A gift to the AHTA Annual Fund was made ...:*

_____ In honor of _____

_____ In memory of _____

_____ Other: _____
.....

Given/purchased by: _____

Daytime Telephone Number: _____

Credit Card Type: _____MC _____Visa _____AmEx _____Discover

Credit Card Number: _____ Exp. Date _____

AHTA is a 501(c)3 Association. Your gift may be tax deductible. Check with your tax professional.