



GIFT OF A GARDEN PASS APPLICATION

Please Print. *Required fields to ensure expedited processing.

This is a: NEW GIFT RENEWAL GIFT

PLEASE SELECT ONE:

| | ONE-YEAR | TWO-YEARS | Number Cardholders |
|-----------------|--|---|-----------------------|
| Chimes Tower | <input type="checkbox"/> \$500 | | Two named cardholders |
| Rose Arbor | <input type="checkbox"/> \$250 | | Two named cardholders |
| Garden Plus | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$280 <i>Save \$20</i> | Two named cardholders |
| Family | <input type="checkbox"/> \$120 | <input type="checkbox"/> \$225 <i>Save \$15</i> | Two named cardholders |
| Dual | <input type="checkbox"/> \$95 | <input type="checkbox"/> \$180 <i>Save \$10</i> | Two named cardholders |
| Individual Plus | <input type="checkbox"/> \$105 | <input type="checkbox"/> \$200 <i>Save \$10</i> | One named cardholder |
| Individual | <input type="checkbox"/> \$65 | <input type="checkbox"/> \$120 <i>Save \$10</i> | One named cardholder |
| Student | <input type="checkbox"/> \$30 <i>(copy of valid student ID required)</i> | | One named cardholder |

GIFT RECIPIENT INFORMATION

*Gift Recipient Name: (Mr. Mrs. Ms. Dr.) _____

*Address _____

*City _____ State _____ Zip _____

Please use given names as Photo ID is required with member cards.

Primary Member Name: (Mr. Mrs. Ms. Dr.) _____

Where applicable, second named cardholder required: (see above)

Secondary Member Name: (Mr. Mrs. Ms. Dr.) _____

Number of children (or up to four grandchildren) ages 18 and under: _____ *(Family and higher levels)*

DONOR INFORMATION

*Your Name (Mr. Mrs. Ms. Dr.) _____

*Address _____

*City _____ State _____ Zip _____

* Daytime Phone (_____) _____

Email: _____

How did you hear of this: Onsite E-News Our Website Advertisement Word of Mouth I'm a Member

Another Website _____ Other _____

PAYMENT INFORMATION

I have enclosed a check made payable to **Longwood Gardens.**

Please charge my: Visa MasterCard Discover American Express Gift Card

Name _____ Signature _____

Card Number _____ Expiration Date _____ CVC Code _____

PROMO CODE: _____ Add a Bring Friends Package \$120 Amount Enclosed \$ _____

Mail To: Longwood Gardens • Membership Services • P.O. Box 501 • Kennett Square, PA 19348

OR Email To: gardenpass@longwoodgardens.org

IMPORTANT INFO

ALL APPLICATIONS ARE PROCESSED UPON RECEIPT AND MAILED WITHIN 2-4 WKS.

Date you would like the Garden Pass to begin:

(If this field is left blank, the Garden Pass will start the day it is processed.)

Please mail member materials directly to:

Donor

Gift Recipient

Hold –Will Call

EXPEDITE PROCESSING

Please note: Applications received after 2pm will not be mailed until the next business day if a below box has been checked. Due to high volume, requests to expedited processing will be accommodated only if a box below has been checked.

2-Day Priority Mail \$10

1-Day Express Mail \$25

Hold at Will Call \$5

Standard Mail \$5