I SUPPORT A BRIGHTER, GREENER FUTURE AT **THE BOTANIC GARDENS OF ADELAIDE**

Adelaide Botanic Gardens Foundation Inc.
Adelaide - Mt Lofty - Wittunga

Please tick ☐ Mr ☐ Miss ☐ Ms ☐ Mrs

Name _____

Address _____

Suburb _____ State _____ Postcode _____

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YES! I would like to make a donation of $_____ to support;

☐ **Garden of Health**

☐ **Endowment Fund**

☐ **Kitchen Garden**

☐ **Greatest Need**

I would like to donate because _____

☐ Please accept my cheque attached (payable to Adelaide Botanic Gardens Foundation) or

☐ I authorise a single deduction from my credit card of $_____ or

☐ I authorise a regular deduction from my credit card of $_____ each month until the year 20____

☐ Mastercard ☐ Visa ☐ BankCard ☐ Diners

☐ Amex Security code _____ (AMEX only)

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date ____ / ____

Name on Card _____

Signature _____

☐ I wish this donation to be made anonymously.

☐ Please list me/us as: _____

Please mail to Adelaide Botanic Gardens Foundation, Reply Paid 7349, Hutt Street SA 5000.
A receipt will be provided within 14 working days. Thank you for supporting a brighter, greener future at the Botanic Gardens of Adelaide.

Adelaide Botanic Gardens Foundation Inc. Goodman Building, North Terrace, Adelaide SA 5000
P 08 8222 9347 F 08 8222 9301 www.abgf.org