

The FRIENDS of the PUBLIC GARDENS
MEMBERSHIP/ DONATION FORM



Please send cheques or money orders to:

The Friends of the Public Gardens
PO Box 36013, 5665 Spring Garden Road, Halifax NS B3J 3S9

I would like to join (or continue to support) the Friends of the Public Gardens.

Name: _____

Address: _____

Telephone: _____

Email: _____

I enclose a cheque/money order for:

☐ 1 year membership \$10

☐ Renewal

☐ Additional donation in the amount of \$ _____ (Receipt required ☐)

In Memory of (if applicable): _____

☐ I Consent to having my name published on the Donor's list

☐ I consent to receiving emails concerning renewal, events notices and the bi-monthly blog.

*** Memberships effective as of purchase date for 12 months.

Suggestions/ Volunteer Interests:

Please ensure all relevant areas are filled out.