



Garden Club of Georgia Record of Garden Therapy Donation

A certificate of appreciation will be awarded to garden clubs that donate \$25 or more to Garden Therapy before March 1st. These monies support the garden therapy activities at the 5 State Regional Hospitals and the Veterans Hospitals and Homes in Dublin, Milledgeville, Atlanta and Decatur..

District: _____

Name of Garden Club _____ Club # _____

Name of Club President _____

Address _____

City, Zip _____ Phone _____

Name of Club Treasurer _____

Address _____

City, Zip _____ Phone _____

Make check payable to **Garden Club of Georgia** and mail to:

**GCG Garden Therapy Treas.
Ann Bridges
38 Cowan Drive
Cartersville, GA 30120-5301**

Please complete the top section and return with your check. Keep the bottom section for your Club's records.

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Garden Club of Georgia Record of Garden Therapy Donation [Keep for your club's records]

Check # _____ Amount \$ _____ Date sent _____

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