

Friends of The Ohio State University Chadwick Arboretum & Learning Gardens Membership Application

ID # _____

Dev. Fund Ref. # _____

FOR OFFICE USE ONLY

Membership Type: New Renewal Gift, Given By: _____

Date: Month _____ Day _____ Year _____

Please provide the information requested below and return this application with your payment to:
Friends of The Chadwick Arboretum & Learning Gardens, The Ohio State University, 2001 Fyffe
Court, Columbus, Ohio 43210. Please make checks payable to: Ohio State University

Organization: _____

Name (please print): _____

Address: _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Cell Phone: _____

Email Address (This will be our main method of contacting you):

Primary email: _____ Alternate email: _____

Please enroll me as a member in The Friends of Chadwick Arboretum & Learning Gardens at the
appropriate membership level indicated below:

Basic Membership

_____ \$30 Individual
 _____ \$15 Student
 _____ \$40 Family
 _____ \$75 Non-profit organization

Donor and Business Membership

_____ \$100 Sustaining _____ \$1,000 Chadwick
 _____ \$250 Patron _____ \$2,500 Fellow
 _____ \$500 Buckeye _____ \$5,000 Benefactor

Charge to: Visa _____ Master Card _____ Discover Card _____ Amount \$ _____

Card Number _____ Expires _____

Signature _____

My employer will match my gift _____ Yes _____ No _____

My employer is _____

Membership benefits include email updates, invitations to members-only events; and opportunities to attend educational programs; volunteer-sponsored events, and tours. Membership also provides reduced or free admission to many public gardens and arboreta throughout the states through our reciprocal admissions agreement with the American Horticulture Society. Participating gardens are listed at <http://www.ahs.org/>

Thank you for supporting The Chadwick Arboretum & Learning Gardens
www.chadwickarboretum.osu.edu