

THE GARDENS AT SIUE

Please complete this form, print it, and mail it with your check or payment information to address below.

Name _____

Spouse name _____

Street Address _____

City, State, Zip _____

Home phone _____ Cell phone _____

Email _____

Friends of The Gardens Membership (Check membership type.)

Campus or Community / individual \$40.00

Student / individual \$10.00

Other Gift to The Gardens

Gift to The Gardens Development Fund \$ _____

Check total \$ _____

Method of Payment

Check (payable to SIUE Foundation)

Visa Master Card American Express

Card # _____ Exp. Date _____

Signature _____

Please mail this form with check or payment information to:

The Friends of The Gardens at SIUE, c/o The SIUE Foundation, Edwardsville, IL 62026-1082