

Ladew Gardens Membership Application

Individual	\$35	<ul style="list-style-type: none">- Free admission to House, Gardens & Nature Walk- Advance notice of all events- Discount on Summer Concert Series Tickets- 10% Discount in the Gift Shop- 10% Discount at Smith & Hawken Mill Center- Ladew Newsletter- 1 Guest Pass
Garden Contributor	\$65	<ul style="list-style-type: none">- Free admission for 2 adults and immediate family children under 18- All benefits for Individual membership- 2 Guest Passes
Garden Friend	\$100	<ul style="list-style-type: none">- All of the above benefits for Garden Contributor- Opportunity to rent select Ladew rooms or the Courtyard for a special event up to 50 people.- 4 Guest Passes
Garden Patron	\$250	<ul style="list-style-type: none">- All benefits for Garden Contributor- Opportunity to rent select Ladew rooms or the Courtyard for a special event for up to 150 people- 6 Guest Passes.
Garden Benefactor	\$500	<ul style="list-style-type: none">- All of the benefits for Garden Patron- 10 Guest Passes
Garden Leader	\$1,000	<ul style="list-style-type: none">- All of the benefits of a Garden Benefactor- Private luncheon and tour with Executive Director

(All memberships are fully tax-deductible, with the exception of \$20.)

Please return this form to: Ladew Topiary Gardens, Inc., Membership Office, 3535 Jarrettsville Pike, Monkton, MD 21111
Phone: (410) 557-9570

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| <input type="checkbox"/> Individual \$35 | <input type="checkbox"/> Garden Contributor \$65 | <input type="checkbox"/> Garden Friend \$100 |
| <input type="checkbox"/> Garden Patron \$250 | <input type="checkbox"/> Garden Benefactor \$500 | <input type="checkbox"/> Garden Leader \$1,000 |

Enclosed is my membership for _____ years (up to 3) to reserve current rates and benefits.

Please print names, as they should appear on membership card.

Please include title: (Mr. & Mrs., Mr., Mrs., Ms., Miss, Dr., etc.)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Payment Method Check Visa MasterCard

Card Number _____ - _____ - _____ - _____ Exp Date ____ - ____

Name as it appears on card _____