



Asheville Botanical Garden

**Yes! I wish to become a member of Asheville Botanical Garden.
Enclosed is a check for my annual membership.**

☐

\$40 MEMBER

☐

\$15 STUDENT

☐

\$75 CONTRIBUTOR

☐

Additional Donation \$ _____

☐

\$150 SUSTAINER

Name: _____

Address: _____

City, state, zip: _____

Email: _____

Please mail to:

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(828) 252-5190
office@ashevillebotanicalgarden.org