

# *Be a Champion . . .* JOIN THE AMERICAN ROSE SOCIETY PATRON PROGRAM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

We invite you to participate at the following level:

- |  |  |   |         |
|--|--|---|---------|
| <input type="checkbox"/> Patron                | \$100  | <input type="checkbox"/> President's Circle | \$1,000 |
| <input type="checkbox"/> Sustaining Patron     | \$250  | <input type="checkbox"/> Honors Circle      | \$2,500 |
| <input type="checkbox"/> Benefactor Patron     | \$500  | <input type="checkbox"/> Founders' Circle   | \$5,000 |
| <input type="checkbox"/> Other Amount \$ _____ | (A gift of any amount will be greatly appreciated) |   |         |

Please choose one of the following areas to direct your contribution:

\_\_\_\_\_ ARS SOCIETY OPERATIONS: Publications, Educational Programs & Services

\_\_\_\_\_ ARS HEADQUARTERS & GARDENS: Property Enhancement & Preservation

Your contribution may be made as follows:

- Check enclosed      By Credit Card:  MasterCard    Visa    Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ V-Code \_\_\_\_\_

Mail the form to ARS, P. O. Box 30,000, Shreveport LA 71130, or fax it to 318-938-5405, or you may phone ARS Headquarters - 318-938-5402 x103 for Carol Spiers.

## EMPLOYEE MATCHING CONTRIBUTION PROGRAM:

If your employer offers a contributions match program, we will advise them of your donation.

Employer's name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Thank you. Your support is very much appreciated.