



ELDRED'S NURSERY FOUNDATION  
COMMUNITY PARTNER PROGRAM DONATION FORM

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

COMPANY\*: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXT\*: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*\* if applicable*

**DONATION AMOUNT:**

I would like to become an Eldred's Nursery Foundation Community Partner, please find my payment details below for the amount of \$1,000.

I would like to donate the following to Eldred's Nursery Foundation (please tick that which is applicable):

\$25     \$50     \$100     \$250     \$500    Other Amount \$ \_\_\_\_\_

I would like to pledge the above amount (please tick that which is applicable):

weekly     monthly     quarterly     every 6 months     as a one-time gift

**PAYMENT DETAILS:** (please tick that which is applicable):

Check Enclosed     Cash Enclosed (no coins please)

Please charge this gift to my credit card (please tick that which is applicable):

Visa     Mastercard     AMEX     Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_    Signature: \_\_\_\_\_

Please make Checks, Corporate Matches and Other Donations payable to: **Eldred's Nursery Foundation**

If mailing donation, please send to: **Eldred's Nursery Foundation 1220B North Main Street, Belton TX 76513**

