

Please print this page, complete the form, and return it with a check, or credit card number and signature to:

Mendocino Coast Botanical Gardens
18220 North Highway One
Fort Bragg, CA 95437

Please Circle One: New Member Renewal Gift

Membership Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (day): _____ Email address: _____

Business's Website Address: <http://> _____

Please enroll me at the following Business Membership level (check one):

- Business Member - \$100
- Business Sponsor - \$150
- Business Supporter - \$250
- Business Contributor - \$500
- Business Patron - \$1000
- Business Benefactor - \$2500
- Donation - \$ _____

Please list the two adults to be included in this Business Membership:

Charge my (circle one):

Visa MasterCard Discover

Full Name _____

Card # _____

Expiration Date: ___/___/___

Signature _____