

FRIENDS OF WEIR FARM

Yes! I want to support Friends of Weir Farm NHS.

Complete the form below, enclose your check made payable to Friends of Weir Farm and mail to:

Friends of Weir Farm NHS • 735 Nod Hill Road • Wilton, CT 06897

Enclosed is my check for:

____ **\$30** (*Membership level for an individual or family*) ____ **\$50** ____ **\$100** ____ **\$ Other**

Name (*as you wish to be publicly acknowledged. We do not share personal information.*)

First Name _____ **Last Name** _____

Company (*optional*) _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** (*required*) _____

____ **I wish to remain anonymous** (*We will not publicly acknowledge your contribution.*)

My donation is a gift (*choose one if applicable*):

____ **In memory of:** _____

____ **In honor of:** _____

____ **Gift of a membership to:** _____

Please send a card acknowledging my gift to:

Name _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Thank you for your support!