



## Garden Fund Membership Form

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
email \_\_\_\_\_

**Annual dues: \$60.00**

**Please consider additional support.**

Amount enclosed \_\_\_\_\_ All donations are tax deductible.

**Make check payable and mail to:**

**Community Garden Charitable Fund, Inc.**

**6825 SW 111 Street**

**Suite 10**

**Pinecrest, FL 33156**

**I would like to volunteer to help with:**

**\_\_ events \_\_ fundraising \_\_ mailings \_\_ other**

**Contact us at email: [gardenfund@att.net](mailto:gardenfund@att.net)**

**Phone 305.669.1028**

**Thank you.**