

*I would like to become a Friend of Laurelwood Arboretum.*

***Membership and Donations***

**Please complete and send to FOLA, PO Box 2433, Wayne, New Jersey 07474-2433.  
Make checks payable to Friends of Laurelwood Arboretum or FOLA.**

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Name \_\_\_\_\_

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Address \_\_\_\_\_

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

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Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

*We do not share this information with any other organization.*

**Annual Membership:**

**Individual:** \_\_\_\$25 household \_\_\_\$250 supporting \_\_\_\$500 lifetime

**Nonprofit organization:** \_\_\_\$50

**Business or Corporate:** \_\_\_\$100 primrose \_\_\_\$500 azalea \_\_\_\$1,000 rhododendron  
\_\_\_\_\_ other

***I would like to support FOLA with a donation.***

**Please make checks payable to Friends of Laurelwood Arboretum or FOLA.**

Enclosed is a tax-deductible donation of \$\_\_\_\_\_.

Please complete if your employer has a Matching Gift Plan:

My donation will be matched by \_\_\_\_\_

If this is a memorial or "in honor of" donation, please include the name and address of the party to be notified of your gift \_\_\_\_\_

***I would like to become a FOLA volunteer.***

I am interested in the following: \_\_\_gardening in the Arboretum

\_\_\_working on a committee

\_\_\_other: please indicate your area of interest \_\_\_\_\_

**Friends of Laurelwood Arboretum is a 501(c)(3) nonprofit corporation.**