

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.**

Name

Address

City

State

Zip Code

Telephone

E-mail address

We do not share this information with any other organization.

Annual Membership:

Individual/Household: ___\$25

Individual/Household – 5 year: ___\$125

Nonprofit organization: ___\$50

Lifetime: ___\$500

Small Business/Corporate: ___\$100

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.