

**THE HORTICULTURAL ALLIANCE OF THE HAMPTONS
PREVIEW PARTY**

DONOR FORM

Please return this form with your payment information.

NAME* _____

ADDRESS _____

(mailing address)

BUSINESS NAME* _____

ADDRESS _____

(mailing address)

Telephone _____ Email _____

I (We) would like to attend the Preview Party and Support HAH Programs as:

Underwriter: \$1,000 _____ *Benefactor:* \$500 _____

Sponsor: \$250 _____ *Patron:* \$150 _____

I (We) would like to make payment by:

CHECK \$ _____. Please make checks payable to *The Horticultural Alliance of the
Hamptons* and mail to P. O. Box 202, Bridgehampton, NY 11932

CREDIT CARD \$ _____ Please print your credit card information below.

Name (as on the card): _____

Billing address: _____ City: _____ Zip code: _____

Type of card: Master Charge _____ Visa _____

Card Number: _____ CVV2 Code: _____ Expiration Date: _____

Signature: _____

**Please, enter name (s) as you would like it (them) to appear on the Preview Party invitation.*

THANK YOU FOR YOUR VERY GENEROUS SUPPORT