



2023 Preview Party
DONOR FORM

Please return this form with your payment information in the enclosed envelope.

Name* _____

Mailing Address _____

Business Name* _____

Mailing Address _____

Telephone _____ **Email** _____

I (We) would like to attend the Preview Party at 4pm and Support HAH Programs as:

- \$1,000 – Underwriter** • **\$500 – Benefactor**
 \$250 – Sponsor • **\$150 – Patron**

Payment options

Online: www.hahgarden.org/GardenFair

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 (on card): _____

Billing address: _____ **City:** _____ **Zip code:** _____

Type of card: Master Charge _____ Visa _____ Amex _____

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