



AHS DONATION INFORMATION

Title _____ First Name _____ Last Name _____
(ex: Mr., Mrs.)

Organization Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Phone Number (_____) - _____ - _____

How do you wish to be listed? _____
(may be anonymous)

Amount of Donation _____
(Your gift is appreciated in any amount.)

In honor of _____

In memory of _____

Whom should we notify?

Title _____ First Name _____ Last Name _____
(ex: Mr., Mrs.)

Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Message _____

Make your check payable to 'The American Hosta Society'
and send this completed form to:

Claudia Walker
10525 Timberstone Road
Alpharetta, GA 30022-5837