



PLANTING FIELDS

Planting Fields Foundation

## MUSEUM LIBRARY PASS PROGRAM

**Annual Library Membership: \$350.00**  
**(additional cards \$300.00)**

*Please return this form with payment to:*

Development Department  
Planting Fields Foundation  
P.O. Box 660  
Oyster Bay, NY 11771

\_\_\_\_\_  
Name of Library

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

*Please select method of payment:*

☐ Enclosed is a check for \_\_\_\_\_ made payable to Planting Fields Foundation.

☐ Please charge \_\_\_\_\_ to my credit card: ☐ Amex ☐ Discover ☐ Mastercard ☐ Visa

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name as it appears on the card

\_\_\_\_\_  
Signature