Planting Fields Foundation

MUSEUM LIBRARY PASS PROGRAM



Annual Library Membership: \$450

Two Membership Cards: \$800

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 metho	d of payment:				
$_{\Box}$ 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		Signatur	e		