



6038 Sound Avenue, Riverhead, New York
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TREE SPONSORSHIP FORM

Last Name: _____ First Name: _____

Street Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

I want to support the planting and/or maintenance of trees at the Museum Farm!

Please use my tax-deductible gift as follows:

- | | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | Tree Sponsorship (\$100 suggested donation per tree) | \$ _____ |
| <input type="checkbox"/> | Use my donation as needed to support trees at Hallockville | \$ _____ |
| | Total | \$ _____ |

- My gift is being made (circle one) in honor / memory of (*please legibly spell name of person being memorialized or honored*) _____

Individual donations may be acknowledged by name in print and/or electronic publication of the museum farm unless requested by the donor. *Check here to keep your gift confidential*

Payment can be made by check payable to Hallockville, Inc. or by credit card.

Credit Card # _____ Exp. Date: _____ CVC: _____

Signature : _____ Date: _____