

*Yes, I Want to Join  
Friends of  
Center City Park!*

Name(s)

\_\_\_\_\_  
*Please print as you wish your name(s) to appear  
in recognition.*

Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
Telephone (day)

\_\_\_\_\_  
Telephone (evening)

\_\_\_\_\_  
E-mail

**Method of Payment**

\_\_\_\_ Enclosed is my check payable to the  
*Friends of Center City Park* for  
\$ \_\_\_\_\_ .

\_\_\_\_ Please charge \$ \_\_\_\_\_ to my  
( ) Visa ( ) MasterCard ( ) American Express  
Credit Card Number

\_\_\_\_\_  
Security Code on Back of Card \_\_\_\_ \_\_\_\_

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

\_\_\_\_\_  
Name As It Appears on the Card

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Please enroll me as a Friend of  
Center City Park at the following  
level:**

\_\_\_\_ Preserver (\$5,000)

\_\_\_\_ Protector (\$2,500)

\_\_\_\_ Collector (\$1,000)

\_\_\_\_ Horticulturist (\$500)

\_\_\_\_ Arborist (\$250)

\_\_\_\_ Plantsman (\$100)

\_\_\_\_ Gardener (\$50)

\_\_\_\_ Contributor (\$35)

**Other**

\_\_\_\_ I wish for my contribution to remain  
anonymous.

\_\_\_\_ Please DO NOT add me to the e-  
newsletter list.

\_\_\_\_ Please apply my gift toward Park  
programming and promotion.

\_\_\_\_ Please apply my gift to the Center City  
Park endowment.

\* For additional information, please e-mail  
[friends@centercitypark.org](mailto:friends@centercitypark.org), or contact Action  
Greensboro at 336-379-0821.

*Friends of Center City Park is a program of  
Action Greensboro, a not-for-profit 501(c)(3)  
organization.*

*Financial information about this organization and a copy  
of its license are available from the State Solicitation  
Licensing Branch at 888-830-4989. The license is not an  
endorsement by the State.*