



CUT-OFF DATES

Sponsor Name on INVITATION
August 22

SPONSOR RESERVATIONS
September 27

PLEASE PRINT

I CHOOSE THE _____ SUPPORT OPTION
(SELECT YOUR CHOICE FROM THE EVENT UNDERWRITING OR GARDEN SPONSOR OPTIONS)

MY SPONSOR NAME FOR SPONSOR RECOGNITION:

Contact Name: _____

Company (if applicable): _____

Address: _____

City, State, Zip: _____

Day Time Phone: _____ Email: _____

Sponsorship \$ _____

So sorry, I have to miss ML! But would like to make a donation \$ _____

TOTAL DUE \$ _____

SELECT PAYMENT METHOD

1. _____ PLEASE INVOICE to CONTACT & ADDRESS ABOVE

2. _____ MAILING MY CHECK payable to: South Texas Botanical Gardens & Nature Center
8545 S. Staples, Corpus Christi, Texas 78413
361-852-2100 F 361-852-7875

3. CREDIT CARD PAYMENT:

Please circle type: Visa MasterCard Discover AMEX

PLEASE PRINT

Card # _____ Exp. Date _____ CVV Code on Back: _____

Name on Card _____

Billing Address _____ City/ST _____ Zip _____

Card Holder signature _____ Date _____



501(c)(3) Non-Profit organization

8545 S. Staples St. ▪ Corpus Christi TX 78413 ▪ 361-852-2100 ▪ F 361-852-7875 ▪ stxbot.org