



# Humboldt Botanical Gardens Foundation

## Humboldt Botanical Garden Contribution/Pledge

*Naming Opportunities in the Humboldt Botanical Garden provide a means to remember a loved one, to honor an individual or organization, or to associate your name with the Garden forever.*

**Participate in a Naming Opportunity for tax deductible gifts of \$1,000 or more. Secure an entire Naming Opportunity with a pledge or payment of the total amount.**

- Arbors (2) \$20,000 each
- Corridor Path Theme Gardens (5) \$25,000 each
- Memorial Trees \$1,000 each
- Garden Gateway \$50,000
- Heritage Arrival Garden \$500,000
- Heritage Performance Space \$75,000
- Lookout Point Trails (2) \$25,000 each
- Mediterranean Garden, East \$100,000
- Mediterranean Garden, West \$100,000
- Mediterranean Tree Allee \$25,000
- Native Conifer Collection \$30,000
- Native Tree Allee \$25,000
- Sculpture Meditation Garden \$100,000
- Visitor Welcome Center \$200,000
- Visitor's Center Terrace \$100,000
- Garden Bench \$5,000 each
- Other Opportunities

**You may make a general contribution for the  Humboldt Botanical Garden or associate your donation with the  Ornamental Terrace Garden  Temperate Woodland Garden**

- \$50 - \$99
- \$100 - \$499
- \$500 - \$999
- \$ 1,000 - \$4,999
- \$5,000 - \$9,999
- \$10,000 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$39,999
- \$40,000 - \$50,000
- More

**Contribution or Pledge dollar amount**  \$  **If gift is ANONYMOUS, please check.**

**This is a gift from:**

\_\_\_\_\_ **Name** (Please Print--If paying by credit card, please print name as it appears on your card.)

**Name/s to be publicly associated with donation:**

\_\_\_\_\_ (If different than above--Please Print)

**Complete the below spaces appropriate for your gift - Please make checks payable to HBGF**  
(Please note, this form should not be used for HBGF membership renewal.)

Payment in full	\$ _____	Partial payment	\$ _____	Balance	_____
Payable in Installments of	\$ _____	date to begin	_____	date to end	_____
Payments made: Monthly	_____	Quarterly	_____	Semi-Annually	_____
Annually	_____	Other (specify)	_____		
Cash/Check:	_____	MC/Visa #	_____	Expiration Date:	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

**Please contact HBGF for information about**

- Listed Naming Opportunities**
- Other Naming Opportunities or**
- Planned Giving**

**Please Return to:**

**Humboldt Botanical Gardens Foundation, P O Box 6117, Eureka, CA 95502-6117**  
**HBGF (707) 442-5139**

HBGF is a not for profit corporation, EIN 68-0243631