PENNSYLVANIA
LANDSCAPE & NURSERY
ASSOCIATION
FOUNDATION

INVESTING IN THE FUTURE OF HORTICULTURE

❑ **I/My company would like to invest in the Future of Horticulture.**

Company or Individual Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

❑ Enclosed is a donation for $_____

❑ I would like someone to contact me/my company regarding the establishment of a Named Endowment.

Payment Method:

❑ Check # _____ (Please make checks payable to PLNA Foundation)

❑ VISA ❑ MASTERCARD ❑ DISCOVER ❑ American Express

Card Number __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Expiration Date __ __ / __ __

Signature of Cardholder: _____

Name on Card (Please Print): _____

**The PLNA Foundation is a 501c(3) registered charitable organization. For more information on the tax deductibility of your contribution, please consult your tax advisor.*

Please return this form along with your payment to:

PLNA Foundation
1707 S. Cameron Street
Harrisburg, PA 17104

Phone: 717.238.1673 Fax: 717.238.1675 www.PLNA.com