GIFT MEMBERSHIP FORM

Recipients (Flease IIII III a separate form for each recipient at a different address)		
Name(s):		
Address:		
City:	Post Code:_	
Phone:	Mobile :	
Email:		
Membership Category:		
Individual \$40	Student \$2	20
Family \$60		
Life Membership (Individual)	Couple \$1500
Account name: The Sutton Heritage House and Garden Charitable Trust Account number: SBS 03-1369-0298315-00		
Please insert your name and g Remember to email the complet below so we know who the gift r	ed form to <u>suttonhous</u>	e reference fields eandgarden@gmail.com or post it to the address
The Sutton Heritage House and Garden Charitable Trust P O Box 2632,Christchurch 8140		
My contact details are: Name:		
Address:		
City:	Post Code:	Phone:
Email		
How do you want the gift sen		
I would like the gift certificate to be sent directly to the above recipients		
I would like you to send the gift certificate to my postal address		
http://www.suttonhouseandg	garden.org.nz	suttonhouseandgarden@gmail.com