



## Charitable Contribution Form

syracuserosesociety.org

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

### Honor or Memorial

- My gift is in honor of: \_\_\_\_\_
- My gift in in memory of: \_\_\_\_\_
- Provide notification to (family, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I have enclosed check # \_\_\_\_\_ payable to the Syracuse Rose Society in the amount of \$\_\_\_\_\_. Please specify fund:

General: provide educational information. NYS Fair Booth, SRS website, Rose Fair, Rose Day and Rose Show events. Monthly educational meetings (open to the public).

Or

EM Mills Rose Garden: maintain rose garden for public education and enjoyment. Hold volunteer information sessions. Provide rose garden advice to City of Syracuse.

Please mail completed form to:

Syracuse Rose Society  
c/o Susan Kamp, Treasurer  
8263 Drinkwater Lane, Manlius, NY 13104

Syracuse Rose Society is a 501(c)(3) non-profit organization. Contributions are not compensated with goods or services and are deductible for income tax purposes as allowable by law.

10/2023