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**Trustee Emerita**

**Thank you very much for your support.** Becoming a member entitles you to the following:

**Trillium** *Donation of \$10,000*

Membership Benefits of Angelica, plus a four-week residency named in your honor

**Angelica** *Donation of \$5,000*

Membership Benefits of Jack-in-the-Pulpit, plus a four-week residency named in your honor

**Jack-in-the-Pulpit** *Donation of \$2,500*

Membership Benefits of Hearts-a-Bustin,' plus a two-week residency named in your honor

**Hearts-a-Bustin'** *Donation of \$1,000*

Membership benefits of Lady Slipper, plus invitation for dinner for 2 at the Rock House with Executive Director

**Lady Slipper** *Donation of \$500*

Membership benefits of Laurel, plus invitation to private open studio nights at Hambidge

**Laurel** *Donation of \$250*

Membership benefits Friend of Hambidge, plus free reserved Nature Hikes

**Friend of Hambidge** *Donation of \$100*

Individual Membership benefits, plus a free reserved picnic at the mill

**Individual** *Donation of \$50*

**(Artists, Seniors, Military and Students are eligible at the discounted rate of \$30)**

Membership Benefits: Hambidge e-newsletter, invitations to all events, select programs at Hambidge



- |  |   |
|--|---|
| <input type="checkbox"/> \$10,000 – <b>Trillium</b>          | <input type="checkbox"/> \$250 – <b>Laurel</b>                |
| <input type="checkbox"/> \$5,000 – <b>Angelica</b>           | <input type="checkbox"/> \$100 – <b>Friend</b>                |
| <input type="checkbox"/> \$2,500 – <b>Jack in the Pulpit</b> | <input type="checkbox"/> \$ 50 – <b>Individual</b>            |
| <input type="checkbox"/> \$1,500 – <b>May Apple</b>          | <input type="checkbox"/> \$ 30 – <b>Discounted Individual</b> |
| <input type="checkbox"/> \$1,000 – <b>Hearts-a-Bustin'</b>   | <input type="checkbox"/> \$ _____ <b>other amount</b>         |
| <input type="checkbox"/> \$ 500 – <b>Lady Slipper</b>        | <input type="checkbox"/> <b>other type of support</b> _____   |

- |  |  |
|--|--|
| <input type="checkbox"/> My gift is anonymous  | <input type="checkbox"/> Corporate Matching program information enclosed |
| <input type="checkbox"/> Please acknowledge as | NAME _____   |
|  | E-mail _____   |

*Hambidge is going Green. Please provide your e-mail so we can contact you electronically in the future.*

- |   |  |
|---|--|
| <input type="checkbox"/> Check enclosed                         | <input type="checkbox"/> Call 706.746.7324 |
| <input type="checkbox"/> Visa/M.C <input type="checkbox"/> Amex | Card Number _____                          |
| Signature _____   | Card Expiration Date _____                 |

**Send to: Hambidge, P.O. Box 339, Rabun Gap, GA 30568**