



## Contribution Form

I would like to contribute \$\_\_\_\_\_ to Keep Mississippi Beautiful towards the Wildflower Trails of Mississippi program.

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Contributor's Name (Please Print)

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Address

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City, State & Zip Code

This contribution is:  In honor of  In memory of

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Please Print Name

*You will receive a letter and wildflower seed packet acknowledging your contribution. A duplicate is available upon written request. Acknowledgement sent to:*

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Please Print Name

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Address

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City, State & Zip Code

Please make your check, made payable to *Keep Mississippi Beautiful* to:

Keep Mississippi Beautiful  
208 Key Drive, Suite B  
Madison, MS 39110  
601.853.4441