



Contribution Form

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

Contributor's Name (Please Print)

Address

City, State & Zip Code

This contribution is: In honor of In memory of

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:

Please Print Name

Address

City, State & Zip Code

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

Keep Mississippi Beautiful
150 Fountains Boulevard, Suite D
Madison, MS 39110
601.853.4441