

**WURTH FARMS
HARVEST PARTNER
APPLICATION
2013**

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE NUMBER(S) _____
E-MAIL ADDRESS _____

PLEASE SELECT BASKET: ___ HARVEST FAMILY \$325 ___ HARVEST JUNIOR \$230

OF MEMBERSHIP CARDS REQUESTED: 1 2

NAME TO APPEAR ON CARD(S): 1) _____
2) _____

PLEASE ENCLOSE A CHECK OR MONEY ORDER PAYABLE TO:

WURTH FARMS
1720 SOUTH FRIENDSHIP RD.
PADUCAH, KY 42003
270-554-1403

OR PAYMENT MAY BE MADE BY CREDIT CARD AT THE FARM.

PLEASE CIRCLE

WILL THIS MEMBERSHIP BE A DONATION TO PCM? YES/NO

IF YES, DO YOU WISH TO MAKE THE DONATION ANONYMOUSLY? YES/NO

WILL THIS MEMBERSHIP BE A GIFT TO SOMEONE? YES/NO

IF YES, PLEASE PROVIDE THE FOLLOWING:

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

OFFICE USE: CHECK # _____ CREDIT CARD _____ AMOUNT \$ _____