



The American Chestnut Foundation® (TACF) Seed & Seedling Order Form

The American Chestnut Foundation (TACF) sells pure American chestnut seeds and seedlings to its members; this is a member only benefit. These seeds and seedlings are not part of our backcross breeding program and **are not blight-resistant**. TACF is unable to ship to California, Oregon and Washington, due to plant quarantine laws.

To order your pure American chestnut seeds or seedlings, this order form must be filled out completely along with payment and sent to TACF. We accept MasterCard, Visa, Personal Check or Money Order. Mail this order form with your payment to: The American Chestnut Foundation, 160 Zillicoa St, Suite D Asheville, NC 28801. Credit card users can fax this form to 828-253-5373.

Please check the boxes which apply to you:

- I am currently a member
- I am NOT a member and I am joining with my order (required) - \$ 40.00
- I do not live in the following states FL, TN, AL, GA, SC, or MS. I understand my seedlings will be shipped April to May and the order deadline is March 1st.
- I live in FL, TN, AL, GA, SC, or MS. I understand my seedlings will be shipped in December and the order deadline is October 1st.

ORDER:

- Seed Kit - \$50.00 – order deadline is October 1st and delivery is December only!
(20-25 nuts with a growing handbook)
 - 5 seedlings - \$ 35.00
 - 10 seedlings - \$ 60.00
 - 25 seedlings - \$125.00
 - 50 seedlings - \$200.00
- Total seed kits ordered:** _____
Total seedlings ordered: _____
Membership: \$ 40.00 (if not already a member)
Total amount due to TACF: \$ _____

Name of person receiving seeds or seedlings: _____

Shipping Address (*orders of 10 or more seedlings can not be shipped to a P.O. Box *):

City: _____ State: _____ Zip: _____

E-mail: _____ Daytime phone # (required): _____

Credit Card Info - MasterCard or Visa only!

Name as it appears on the card: _____

Card Number: _____

Expiration date - (mm/year): _____ Daytime phone # (required): _____

Billing address for credit card: _____

City: _____ State: _____ Zip: _____

Signature of cardholder: _____ Date: _____