



**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 does not ship live plants or seeds west of the Mississippi River. The reason for this is to prevent further spreading of the blight.

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, P.O. Box 4044, Bennington, VT 05201. Credit card users can fax this form to 802-442-6855.

**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, MS, or west of the Mississippi River. I understand my seedlings will be shipped April to May and the order deadline is March 1<sup>st</sup>.
- I live in FL, TN, AL, GA, SC, MS, but not west of the Mississippi River. I understand my seedlings will be shipped in December and the order deadline is October 1<sup>st</sup>.

**ORDER:**

- Seed Kit - \$50.00 – order deadline is October 1<sup>st</sup> 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: \_\_\_\_\_