



SouthEast Wisconsin Master Gardeners  
**Lifelong Gardening**  
**HONORARIUM**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Presentation Location: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_

SEWMG Speaker: \_\_\_\_\_

Honorarium Amount: \$ \_\_\_\_\_

Please send this completed form with honorarium payment to:

AM Accounting & Tax Service, LLC  
247 West Freshwater Way, Suite 310  
Milwaukee, WI 53204