



# SouthEast Wisconsin Master Gardeners **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:

Belinda Brocker, Treasurer SEWMG, Inc.  
W220 N8143 Townline Rd.  
Sussex, WI 53089