



MEMBERSHIP FORM

To join, please complete and mail this form to:

CASCADE LAND CONSERVANCY

615 Second Avenue, Ste 600

Seattle, WA 98104

Your contribution to Cascade Land Conservancy makes you a part of a community that is dedicated to innovative conservation and effective stewardship of natural land and open space in Washington State. Thank you for joining us!

YOUR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

GIFT AMOUNT \$ _____

Please send me information about making a monthly or quarterly contribution.

PAYMENT INFORMATION

Check enclosed payable to "Cascade Land Conservancy"

Credit Card:

Name on card: _____

Card Number (Visa or MasterCard): _____

3 Digit CVV code: _____ (on the back of your card)

Expiration date: _____

Billing address: _____

City: _____ State: _____ Zip: _____

(If different from the address, above)

CORPORATE MATCH

My employer _____ will match my gift.

(Please enclose matching forms).

LIST REQUESTS

This is an anonymous gift: do not include my name on published donor lists.

Publish my/our name(s) as: _____

This gift to be acknowledged in honor/memory of (include details of acknowledgement as well as full name & address information): _____

Do not share my name/address with similar nonprofit organizations (we will never share your phone, email or donation information).

Please send me information about including CLC in my will.

THANK YOU!

www.cascadeland.org