



MEMBERSHIP FORM

To join, please complete and mail this form to:

CASCADE LAND CONSERVANCY

615 Second Avenue, Ste 600ⁱ

Seattle, WA 98104

THANK YOU FOR YOUR SUPPORT OF THE CASCADE LAND CONSERVANCY!

YOUR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

MEMBERSHIP LEVEL/GIFT AMOUNT \$ _____

- Conservation Circle: \$1,500
- Steward: \$250
- Family: \$50
- Preservationist: \$500
- Protector: \$100
- Associate: \$35

PAYMENT INFORMATION

- Check enclosed payable to "Cascade Land Conservancy"
- Credit Card:

Name on card: _____

Card Number (Visa or MasterCard): _____

3 Digit CVV code: _____ 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)*: _____

THANK YOU!

**Cascade Land Conservancy
615 Second Avenue, Suite 600
Seattle, WA 98104**

For questions regarding Membership, please contact Anne Norberg Dillin at (206) 905-6012