

Friends of the Parks



Membership Appeal

____ Here are my annual dues for my *Friends of the Parks* Membership.

____ *Individual* \$25 ____ *Supporting* \$50 ____ *Patron* \$100

____ *Sustaining* \$150 ____ *Corporate* \$250 ____ *Executive* Over \$250

____ I would like to pay by credit card. Please charge my Visa, MasterCard or American Express (circle one)

Card Number: _____ Expiration Date: _____

____ Yes, I would like to make an additional contribution of \$ _____.
Please designate the enclosed amount to be applied to:

____ Where it is needed most

____ My favorite county park _____
Name of Park

____ Recreation Assistance Program

____ Please send me more information about Park System locations and programs.

____ I would like to volunteer for the Friends. Please contact me when you need help.

Make checks payable to *Friends of the Parks* and return it with this notice.
Membership is for one year from date of enrollment.

Memberships and contributions are tax deductible.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____