

MEMBERSHIP

MEMBERSHIP and DONOR APPLICATION FORM

I wish to enroll as a member, and have checked the category and fee box below:

- Family \$50.00
- Individual \$35.00

Membership Fee \$ _____

Additional Contribution

I wish to make an additional contribution to the Center and its programs, and have indicated the amount in the space provided.

Additional \$ _____

Contribution \$ _____

Total Amount Enclosed \$ _____

- Planned Giving will ensure the future of White Memorial. Check here to request an information brochure.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Please detach and return this form with payment to:

White Memorial Conservation Center
80 Whitehall Road
P.O. Box 368
Litchfield, Connecticut 06759



WHITE MEMORIAL CONSERVATION CENTER

80 WHITEHALL ROAD
LITCHFIELD, CONNECTICUT
860-567-0857

www.whitememorialcc.org