



Membership Form

Donor Information (please type or print)

Name	
Address	
City	
State	
ZIP Code	
Telephone (optional)	
E-mail (optional)	

Membership Category

Please indicate the category of membership that you wish to join:

<input type="checkbox"/> \$1000 Benefactor	<input type="checkbox"/> \$50 Supporter
<input type="checkbox"/> \$500 Patron	<input type="checkbox"/> \$30 Friend
<input type="checkbox"/> \$250 Steward	<input type="checkbox"/> Other:
<input type="checkbox"/> \$100 Contributor	<input type="checkbox"/> Stock Donation (we will contact you):

This contribution in the form of:	Credit card type:	
<input type="checkbox"/> Check	Credit card number:	
<input type="checkbox"/> Credit Card	Expiration date:	
<input type="checkbox"/> Other:	Authorized signature:	

Gift will be matched by: Company Family Foundation
____ form enclosed ____ form will be forwarded

If you would like your gift to remain anonymous, please indicate here.	<input type="checkbox"/> Gift to remain anonymous
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Signature(s):
Date:

Please make checks, corporate matches,
or other gifts payable to:

The Black Swamp Conservancy
P.O. Box 332
Perrysburg, Ohio 43552-0332

Phone (419) 872-5263
Fax (419) 872-8197
Email bsc@blackswamp.org

Forms may be faxed or emailed