



Membership Application

Donation Amount:

- \$35 Friend \$50 Supporter \$75 Sustainer \$100 Steward
- \$500 Protector \$1000+ Conservator \$_____ Other
- This is a gift membership/special contribution (fill in recipient's information below).

Name _____

Address _____ City/State/Zip _____

Phone (h) _____ (w) _____ Email _____

Enclosed is my check payable to Capitol Land Trust.
Please charge my: Visa/MC American Express

Credit Card # _____

Name on Card _____ Expiration Date ____ / ____

Signature _____

Join the Foundation Program

**Commit to tree-free monthly giving! No paper, no reminders, everything is automatic.
Help us create a sustainable fund for conserving the unique beauty of the South Sound.**

Option 1: Bank Account Pledge

I authorize my bank to transfer \$_____ each month from my checking account. A record of each donation will be included on my bank statement and will serve as my receipt. *To begin the process, I enclose a check for \$_____.*

Print Name _____ Signature _____ Date _____

Option 2: Credit Card Pledge

I authorize Capitol Land Trust to charge \$_____ each month to my credit card (see above). A record of each donation will be included on my credit card statement and will serve as my receipt.

Print Name _____ Signature _____ Date _____