

Fox Valley Land Foundation

Membership Form

Name: _____

Address: _____

State: _____ Zip Code: _____

Telephone: _____

Enclosed is my check for:

\$15 \$50 \$100 \$150 \$200 \$500 \$750 \$1000

Please charge my credit card:

VISA MasterCard

Card Number: ____/____/____/____

exp. date: ____/____

Signature: _____

Mail form to:

Fox Valley Land Foundation

17 South Spring Street

P.O. Box 1036

Elgin, IL 60121-1036

1-847-888-1897

Donations are tax deductible to the extent allowed by law.

I wish to join a committee or activity - Please contact me

You may also contact:

_____ Tel: _____

_____ Tel: _____

_____ Tel: _____