

# 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: \_\_\_\_\_