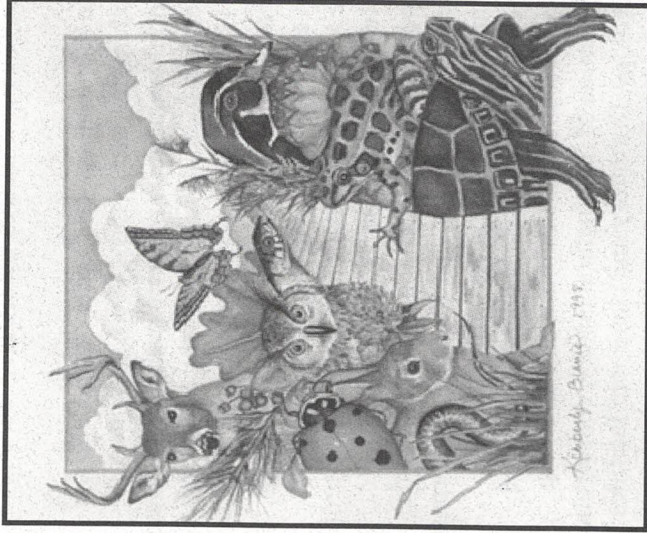


MEMBERSHIP



The White Memorial Conservation Center

WHITE MEMORIAL CONSERVATION CENTER

80 WHITEHALL ROAD
LITCHFIELD, CONNECTICUT
860-567-0857

Printed on Recycled Paper

www.whitememorialcc.org

MEMBERSHIP and DONOR APPLICATION FORM

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

- Family \$60.00
 Individual \$40.00

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.

Mr. Ms. Mrs. (circle one)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Please provide your email address to receive your quarterly newsletter the Sanctuary.

Please detach and return this form with payment to:

White Memorial Conservation Center
80 Whitehall Road
P.O. Box 368