



Membership Form

Please enroll me/us as a member of the Chatham Conservation Foundation at the level noted below:

_____ \$5,000

_____ \$2,500

_____ \$1,000

_____ \$500

_____ \$250

_____ \$100

_____ \$50 _____ \$ _____ (other)

Name(s): _____

Address (summer): _____

Telephone (summer): _____ (off-season): _____

Address (off-season): _____

Volunteer interests (if any): _____

Email address: _____

Check all that apply:

_____ Enclosed is my tax-deductible gift.

_____ My employer will match this gift (I will forward the necessary materials).

_____ I would like to receive information concerning donation of land or conservation easements.

_____ I would like to speak with a Foundation representative concerning planned giving opportunities.

Please complete and mail to: Chatham Conservation Foundation, Inc., 540 Main Street, Chatham, MA 02633