



GIFT MEMBERSHIP

Your contact information:

Name: _____

Address: _____

City, ST Zip: _____

Phone/email: _____

Payment method:

My check
is enclosed

Bill my credit card:
 Visa MC

Gift Amount
\$ _____

Credit card number

exp. date

Name on card

signature

Gift membership recipient:

Name: _____

Address: _____

City, ST Zip: _____

Phone/email: _____

**Please write additional gifts/names on the other side of this sheet.*

Building a Legacy of Local Protected Natural Lands

1245 Pearl Street • Eugene, OR 97401 • phone (541) 345-2799 • fax (541) 465-3876
mrt@mckenzieriver.org • www.mckenzieriver.org