

This membership is: **New** *Welcome!* **Renewal** *Thank you!*

Name: _____

Address: _____

City/State/Zip: _____

Has your name or address changed? Y / N

Telephone: _____ Email: _____

I would like to volunteer with the Friends. *Please contact me!*

Please make checks payable and mail to:

Friends of Tryon Creek State Park
P.O. Box 812
Lake Oswego, OR 97034

Yes!! I would like to support the FRIENDS OF TRYON CREEK STATE PARK.
Enclosed is my membership contribution of \$ _____

- | | |
|--|---|
| <input type="checkbox"/> \$250 Trillium | FOUNDER'S CIRCLE |
| <input type="checkbox"/> \$100 Sustaining | <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$50 Supporting | Founders' Circle members are recognized with an engraved leaf on the Donor's Tree in the Nature Center lobby. |
| <input type="checkbox"/> \$35 Family | <input type="checkbox"/> Please engrave my leaf with the following: |
| <input type="checkbox"/> \$25 Individual | |
| <input type="checkbox"/> \$20 Senior/Student | <input type="checkbox"/> I would like my gift to be anonymous. |
| <input type="checkbox"/> Check enclosed | <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard |

Account # _____ Exp. date _____

Signature _____

- I would like to join the Park Perennials by contributing monthly. Please bill my credit card each month, in the amount of \$ _____
- My employer will match my contribution.

