



FRANKLIN LAND TRUST MEMBERSHIP FORM

Please print and mail this page to:
 Franklin Land Trust
 P.O. Box 450
 Shelburne Falls, MA 01370

Name:.....

Address:.....

City:.....State..... Zip:.....

Telephone Number:.....

E-mail:

Donation Amount:

- Basic Membership (Protector) _____\$25
- Couple Membership (Caretaker)_____ \$50
- Family Membership (Sustainer) _____\$100
- Steward _____\$250
- Defender _____\$500
- Conservator _____\$1,000
- Benefactor _____\$2,500
- Visionary _____\$5,000

Other \$ _____

.....Check Enclosed OR Please charge my credit card a total of \$.....

Mastercard or Visa No.: Expiration Date:.....

I would prefer to donate monthly payments of \$.....

Mastercard or Visa No.: Expiration Date:.....

<input type="checkbox"/> In Memory or <input type="checkbox"/> In Honor Name: _____	<input type="checkbox"/>I am interested in volunteering.
Notification card to be sent to: (name) _____ (address) _____ _____	<input type="checkbox"/>I would like information about planned giving.
	<input type="checkbox"/>I wish to donate stock
	<input type="checkbox"/>I wish to donate land.
<input type="checkbox"/> For specific Project Name: _____	<input type="checkbox"/>I wish to have a conversation about protecting MY property.
<input type="checkbox"/> Make this an anonymous gift	<input type="checkbox"/>Other _____ _____