



# 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:.....

.....I am interested in volunteering. Please contact me.

.....I would like information about planned giving.

.....I wish to donate stock.

.....I wish to donate land.

.....I wish to have a conversation about protecting MY property.

.....Other