

Please print and mail this page to:

**Franklin Land Trust
P.O. Box 450
Shelburne Falls, MA 01370**

Name:.....

Address:.....

City:.....Stat..... 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