

## Donate Today

To make a donation, please fill in the form, and mail it with a check to:

P.O. Box 13823  
Silver Spring, MD  
20911-0823



### Membership:

I'd like to become a member of Potomac Conservancy. \_\_\_\_\_

I'd like to renew my membership. \_\_\_\_\_

I'd like to make a special gift. \_\_\_\_\_

### Contact Information:

First Name : \_\_\_\_\_

Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Donation:

Here is my tax deductible contribution of:

\$500 \_\_\_\_\_ \$50 \_\_\_\_\_ Memorial or honorary gift \_\_\_\_\_

\$250 \_\_\_\_\_ \$35 \_\_\_\_\_ Do not share my information with other organizations \_\_\_\_\_

\$ 100 \_\_\_\_\_ Other amount: \_\_\_\_\_ I wish to remain anonymous. \_\_\_\_\_

Please conserve postage and paper by not sending me an acknowledgment letter. \_\_\_\_\_

(Gifts of \$250 or more must be acknowledged by law.)

### Payment Information:

Credit Card: AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_