

## PCT MEMBERSHIP AND DONATION



NAME(S):	
ADDRESS:	
CITY/TOWN, STATE ZIP:	
PHONE: EMA	IL:
Please check desired membership level and mail this form with your check to:	
Pascommuck Conservation Trust P.O. Box 806 Easthampton, Massachusetts 01027	
□ Supporter: (\$10) □ Patron: (\$75 □ Individual: (\$15) □ Corporate: (\$15) □ Family: (\$25) □ Steward: (\$15) □ Contributor: (\$15) □ Sponsor: (\$15) □ Conservation Area Steward: (\$15) □ Conservat	\$100) 100) 150) ctible donation for:  Monthly Donations: \$
I WOULD ALSO LIKE TO HELP THE TRUST BY:	
☐ Serving on Board of Directors	☐ Publications (editing/design/photos/writing)
☐ Plant preparation/gardening	☐ Publicity/media relations
☐ Donating prizes for raffles	☐ Grant writing/fundraising
☐ Event setup/takedown (Fall Festival, etc.)	☐ Professional services (accounting, etc.)
☐ Event staffing	☐ Land conservation (landowner contacts, planning, etc.)
☐ Monitoring a Trust area near me	Advocacy (letters/emails/phone calls to support conservation)
☐ Trails/property construction and maintenance	☐ Donating Plants for plant sales
☐ Preparation of mailings	☐ Other:
☐ Office work (filing, database, etc.)	390/