



Formerly
Washington
Trout

Wild Fish Conservancy

N O R T H W E S T

S C I E N C E E D U C A T I O N A D V O C A C Y

*Please print and send in the form below and be a part of saving wild fish.
*Your donation is tax deductible**

Membership/Donation/Volunteer Form:

All information is strictly confidential and used solely by Wild Fish Conservancy

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Web Site: _____

Email address: _____

Please add me to your email distribution list for project updates.

Volunteer Interests:

Field Work / Restoration

Auction / Fundraising

Letter Writing Campaigns

Office help / Mailings

Other: _____

Waters I want to help protect: _____

Membership Categories:

Wetland \$1-34

Estuary \$150

Club \$150

Creek \$35

Sound \$350

Business \$250

River \$50

Ocean \$500

Corporate \$1,000

Patrons Circle \$1,000

Benefactors Circle \$5,000

I would like to join WFC's *Monthly Giving Program* by pledging \$_____ per month

Other: \$_____

My check is enclosed

Please charge my VISA / Mastercard / American Express

_____ Exp Date: _____

Signature: _____

Return to: Wild Fish Conservancy, PO Box 402, Duvall, WA. 98019

P. O. Box 402, Duvall, WA. 98019 • 425-788-1167 • Fax 425-788-9634 • www.wildfishconservancy.org

P R E S E R V E P R O T E C T R E S T O R E