

Save the American River Association

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Membership and Donor form

| Name(s): | |
|---|--|
| Address: | |
| City: | _ State: Zip: |
| E-mail address: | Phone: |
| Please check one or more of the follow | wing categories. This contribution is for: |
| RenewalNon Membership Donation | □ New membership□ Memorial "In memory of" |
| Membership/Donation categories (Ple | ase indicate your donation(s) amount) |
| Student (\$10-24) \$ | Regular (\$25-49) \$ |
| Supporting (\$50+) \$ | Family (\$100 +) \$ |
| Business (\$250 +) \$ | Sustaining (\$1000+) \$ |
| Non-Membership Contribution: \$ | |
| In memory of: (Name) | \$ |
| Total contribution: \$ | (Please total all your contributions) |
| Check enclosed - or - | Visa MC Discover |
| VISA/MC/Discover # | |
| Expiration date: (Month) (Year)_ | 3 digit security code: |

SARA is a 501(c)(3) non profit organization All donations and memberships are tax deductible (#94-2987563)