



## ANNUAL MEMBERSHIP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### Payment Information

Annual Fee of \$100.00

Please charge my credit card: MC \_\_\_\_\_ VISA \_\_\_\_\_ OTHER \_\_\_\_\_

Is this a company credit card?: YES \_\_\_\_\_ NO \_\_\_\_\_

Name as appears on credit card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

Please accept my enclosed check payable to:

Freeport Parks Foundation

All contributions are tax deductible, the foundation will send  
a letter receipt for your contribution.



For more information:

Please call (815) 801-2500 or  
email [tom@freeportparksfoundation.org](mailto:tom@freeportparksfoundation.org)

*Freeport Parks Foundation P.O. Box 417 Freeport, IL 61032*