

GIFT MEMBERSHIP



I/We would like to donate a *Friends of the Cape Cod National Seashore* gift membership to:

RECIPIENT NAME(S) _____

MAILING ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

PHONE _____ CAPE PHONE _____

E-MAIL ADDRESS _____

My/Our gift membership is at the following level: **(See list of Member Benefits on the website)**

____ Beachcomber – individual (\$35)

____ Trail Blazer (\$250)

____ Surfer – family (\$50)

____ Light Keeper (\$500)

____ Navigator (\$100)

____ Guardian (\$1,000 and above)

Message to appear on gift announcement: _____

Check here if you prefer we send you the announcement along with the recipient's notecards for personal presentation.

MY/OUR NAME(S) _____

MAILING ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

PHONE _____ CAPE PHONE _____

E-MAIL ADDRESS _____

Check here if you do not wish to receive Friends of the Cape Cod National Seashore e-newsletters and updates via e-mail.

Total payment \$ _____

‡Method of payment: __ Visa __ MasterCard __ Discover __ Check payable to FCCNS

Card # _____ ††CCV # _____ Exp. Date _____

Name as it appears on card _____

Billing Address: _____

Phone # (required to process credit card): _____

Signature _____ Date _____

Mail to: **FCCNS**
P.O. Box 550
Wellfleet, MA 02667

‡Credit Card transactions processed through PayPal (a secure platform)

††Credit Card Validation #: 3 digits on back of card

All dues and contributions are tax-deductible.

Contact us at info@fccns.org with any questions.