

# 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 \_\_\_\_\_ (to receive e-News)

My/Our gift membership is at the following level. **See list of Member Benefits on the website's *Join the Friends* page.**

\_\_\_\_ Beachcomber – individual (\$35)

\_\_\_\_ Trail Blazer (\$250) [ \_\_ do not send hat ]

\_\_\_\_ Surfer – family (\$50)

\_\_\_\_ Light Keeper (\$500)

\_\_\_\_ Navigator (\$100) [ \_\_ do not send bag ]

\_\_\_\_ Guardian (\$1,000 and above)

MY/OUR NAME(S) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ (to receive e-News)

**Total payment \$** \_\_\_\_\_

Method of payment: \_\_ Visa \_\_ MasterCard \_\_ Discover \_\_ Check payable to FCCNS

Card # \_\_\_\_\_ †CCV # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

*All dues and contributions are tax-deductible.*  
Contact us at [info@fccns.org](mailto:info@fccns.org) with any questions.