



MEMBERSHIP ENROLLMENT FORM

Thank you for helping to protect and improve our state parks by becoming a member of CSPF!

CHOOSE YOUR DONATION AMOUNT

\$25 \$50 \$100 \$250 \$500 \$ Other _____

this amount or higher will help improve more parks!

I want to help parks all year round with a monthly gift of \$_____ [\$5 per month minimum]

YOUR MEMBERSHIP BENEFITS

When you join CSPF with a contribution of \$25 or more, you'll receive all of the benefits of membership:

- One-year subscription to *Sunset* magazine (a \$16 value) • "I Love My State Parks" tote bag and decal
 - 10% discount on California state park camping reservations made online through Reserve America
 - The CSPF *Parklands* newsletter and CSPF eNews • Invitations to CSPF special events
- Maximize my donation** – Thanks, but I'll decline all the benefits so I can maximize my support for CSPF's work on behalf of state parks.
- Thanks! I would like all of the benefits, but don't send *Sunset* magazine.
- Yes! Please send me all of the benefits, including *Sunset* magazine.

MEMBER INFORMATION

Mr. Ms. Mrs. First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PAYMENT INFORMATION

My check payable to California State Parks Foundation is enclosed.

Please charge my membership gift to my credit card.

Visa MasterCard Discover American Express

Card Number _____ Exp. Date _____

Signature _____

MAIL YOUR FORM

Please return this form to: California State Parks Foundation
Attn. Member Services
50 Francisco Street, Suite 110
San Francisco, CA 94133

For more information or assistance, please contact our Member Services Team at 415-262-4400 or email them at members@calparks.org.