

MEMBERSHIP ENROLLMENT FORM



**CALIFORNIA
STATE PARKS
FOUNDATION**

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

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 renew your membership with a contribution of \$25 or more, you'll receive all of the benefits of membership:

- A reusable California State Parks Foundation tote bag
- 10% camping discount to most state parks
- California State Parks Foundation calendar
- Member Parklands newsletter and E-news
- Event and webinar invitations
- Sticker

Maximize my donation – Thanks, but I'll decline all the benefits so I can maximize my support for parks.

MEMBER INFORMATION

Courtesy Title _____ First Name _____ Last Name _____
(Dr., Ms., Mrs., Mr., Mx., Rev., etc.)

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 _____ CVV _____ Exp. Date _____

Signature _____

MAIL YOUR FORM

Please mail this form to: **California State Parks Foundation
Gift Processing Center
PO Box 60169
City of Industry, CA 91716-0169**

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

Tax ID 94-1707583