

WILD Equity

INSTITUTE

MEMBERSHIP FORM

Fill this form out on-line or by hand, print it, and mail it to:

Wild Equity Institute
474 Valencia St., Suite 295
San Francisco, CA 94103

Your Name: _____

Address: _____

City _____ **State:** _____ **Zip:** _____

Phone Number: _____

E-mail: _____

Membership Level:

_____ **\$35. Wild Membership** sustains our existing work.

_____ **\$50. Equity Membership** sustains the Endangered Species Big Year.

_____ **\$100. Institutional Membership** allows us to defend SF's Natural Areas.

_____ **\$250. Supporting Membership** allows us to expand our work.

_____ **Other Amount:** _____

_____ Contact me about **volunteer opportunities**.

Payment Method:

_____ **Check.** Please make your check payable to the **Wild Equity Institute**.

_____ **Credit Card.** Visa _____ Mastercard _____ American Express _____

Cardholder's Name: _____

Card #: _____ Expiration: _____

Signature: _____ Security Code: _____

Billing Address (if different from above): _____

**Thank you for building a healthy and sustainable global community for people
and the plants and animals that accompany us on Earth!**