

Send your donation today!

Affiliate Membership Form

Yes, I/we will be able to contribute to 2011 programs.

Membership Levels:

- Conservation Grant Sponsor (over \$200)
- Conservation Field Day Events (\$100 - \$200)
- Conservation Advocate (\$50 - \$99)

Company Name

Contact Person

Address

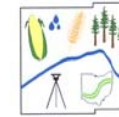
Address

City, State & Zip Code

Please fill out both sides before mailing.



Office: 419-562-8280
e-mail: info@crawfordswcd.org
Website: www.crawfordswcd.org



Crawford Soil and Water Conservation District

Affiliate Membership Program



Support our conservation programs !

Programs Supported
by Affiliate Members Donations

We greatly appreciate you taking the time to consider donating to our programs.

Please fill in the information on both sides of this form and mail to: Crawford SWCD
3111 State Route 98, Bucyrus OH 44820

- Pond Clinic
- Farmer-for-a-Day Camp
- Conservation Day Camp
- Classroom Presentations
- Assist landowners with drainage, erosion control issues, nutrient management, and other conservation programs.
- Girl Scouts badge workshops
- 5th Grade Conservation Days
- Adult Presentations & Workshops
- 2 Newsletters
- Colonel Crawford Tree planting
- 4-H Conservation Projects judging & awards
- 2010 Leaders Tour
- Fair Booth display
- Educational programs in the Whetstone building at the fair
- October 2010 Livestock Live program



You get one free annual meeting meal ticket with a donation under \$100, and two tickets for donations over \$100. Please indicate below whether or not you would like the free ticket (s):

Yes, I plan to attend the Crawford Soil and Water Conservation District Annual Meeting. I would like the free meal ticket (s) with my Affiliate Membership.

No, I do not plan to attend the Crawford Soil and Water Conservation District Annual Meeting.

Please reserve extra dinner tickets:

(number) ____ X \$ 12.00 each = \$ _____

Affiliate donation enclosed \$ _____

Total enclosed for tickets and /or membership \$ _____

Make Check payable to: Crawford SWCD

Please return this form with your check by August 27, 2010 to get your name published in the annual meeting program. Your ticket (s), if reserved, will be mailed .

We are attempting to reduce program costs. Do you want the membership certificate and receipt mailed?

___ Yes, please mail my certificate and receipt.

___ No, I do not want the certificate and receipt.