



Hitchcock Woods
FOUNDATION

Friends ^{of the} Woods

Member Response Form

*Please complete this form and return it in the enclosed envelope. Please print.
Hitchcock Woods Foundation does not sell or share its mail list.*

Name(s) _____
(as the name(s) should appear in print) Initial if you wish to remain anonymous. _____

Mailing address _____

City _____ State _____ Zip _____

Phone (optional) (H) _____ (C) _____

Email address(es) _____

Seasonal mailing address _____

City _____ State _____ Zip _____

Months at seasonal mailing address _____

(Please complete reverse side.)

- I have enclosed my \$50, tax-deductible membership fee.
(Make checks payable to Hitchcock Woods Foundation.)

Please make the following selections for your benefit package:

- Vehicle sticker(s) Circle 1 or 2
AND
 License plate frame(s) Circle 1 or 2

Please indicate whether your employer has a matching gift program.

Yes No

If yes, have you enclosed matching gift information?

Yes No

(Please complete reverse side.)

Hitchcock Woods Foundation

803-642-0528