

DORFLINGER-SUYDAM WILDLIFE SANCTUARY

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Enclosed is my membership contribution. (Contributions may be tax deductible)

- | | | | |
|---------------------------------------|-------|--|---------|
| <input type="checkbox"/> Individual | \$25 | <input type="checkbox"/> Annual Patron | \$500 |
| <input type="checkbox"/> Family | \$50 | <input type="checkbox"/> Life Member | \$1,500 |
| <input type="checkbox"/> Annual Donor | \$100 | | |

Name _____

Address _____

City/State/Zip _____

Telephone _____

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Date _____

I would like to become a volunteer. Please call me with information.