

..... I WOULD LIKE TO

Donate

Thank you for your interest! Your tax-deductible donation will allow us to protect wildlife through the conservation of invertebrates and their habitat.

This is a: *(Please circle your selection.)* New membership Renewal One-time donation

Become a monthly donor:

A wonderful way to support our programs. Donations will be automatically deducted from your credit card. A \$5 minimum per month is required.

Yes, I would like to donate \$_____ per month.

Become an annual donor: *(Please circle your selection.)*

\$35

\$500

\$60

\$1,000

\$100

\$_____ (other amount)

\$300

Please add me to your email newsletter, I have provided my email below.

Payment Information

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____

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(Please include phone or email if paying by credit card)

Enclosed is a U.S. check or U.S. money order, payable to The Xerces Society.

Please charge my VISA, MasterCard, Discover, or AMEX card \$ _____ .

Card No. _____ Exp. _____

Signature *(required)* _____

Please mail your payment to: **The Xerces Society**
 PO Box 97387
 Washington DC 20090-7387

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