

Application for Gift Membership

Gift to:

Name:

Address:

City/State/Zip:

Gift From:

Name:

Address:

City/State/Zip:

Complete this application and mail it along with your check for \$20 to Sassafras Audubon Society, P.O. Box 85, Bloomington, IN 47402. Make check payable to Sassafras Audubon Society.