

# NCCT MEMBERSHIP/DONATION FORM

Yes! I want to support NCCT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Individual \$25 \_\_\_\_\_ Sustainer \$250 \_\_\_\_\_

Preserver \$50 \_\_\_\_\_ Protector \$500 \_\_\_\_\_

Key Donor \$100 \_\_\_\_\_ Trustee \$1000 \_\_\_\_\_

Other \_\_\_\_\_

\$ \_\_\_\_\_ Special donation as a tribute for: \_\_\_\_\_

Other \$ \_\_\_\_\_

Check enclosed or

Credit Card (MC or Visa) \_\_\_\_\_

Exp date: \_\_\_\_\_ Security code (3 digits on back of card) \_\_\_\_\_

Signature: \_\_\_\_\_

Mail to: NCCT

PO Box 124

Stevens Point WI 54481-0124