



## Bluegrass Conservancy Membership Form

I/We wish to become members of the Bluegrass Conservancy:

### Membership Level

- |   |           |  |          |
|---|-----------|--|----------|
| <input type="checkbox"/> Conservation Partner | \$ 10,000 | <input type="checkbox"/> Sponsor         | \$ 250   |
| <input type="checkbox"/> Benefactor           | \$ 5,000  | <input type="checkbox"/> Preservationist | \$ 100   |
| <input type="checkbox"/> Patron               | \$ 1,000  | <input type="checkbox"/> Associate       | \$ 50    |
| <input type="checkbox"/> Steward              | \$ 500    | <input type="checkbox"/> Other           | \$ _____ |

*Memorial, Honorarium, or Gift Memberships are available upon request.*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please list my membership as \_\_\_\_\_

A check is enclosed payable to Bluegrass Conservancy.      **-OR-**

I would like to charge my membership contribution to my MasterCard or Visa.

Cardholder's Name \_\_\_\_\_ Type of Card: MasterCard    Visa

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount to Charge \$ \_\_\_\_\_ Signature \_\_\_\_\_

**Please mail form to:**  
 Bluegrass Conservancy  
 380 South Mill Street, Suite 205  
 Lexington, KY 40508 **OR**  
**Fax to:** 859/255-7952

- I would like to volunteer my time.
- Check here if you do not want your name listed in publications.

*Membership contributions are tax deductible. If you would like to talk to a Bluegrass Conservancy professional about working on your preservation plan, please call 859/255-4552.*