



FRIENDS OF FAKAHATCHEE, INC.

P O Box 35, Everglades City, FL, 34139 • fof_90@hotmail.com • www.orchidswamp.org

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ANNUAL MEMBERSHIP

date _____

- Individual (\$35)
 Family (\$45)
 Supporter (\$60)
 Patron (\$110)
 Benefactor (\$500)
 Lifetime Individual (\$1,000)
 Lifetime Family (\$1,500)
 Protector (\$2,500)
 Preserver (\$5,000)
 Business Patron (\$200)
 Business Benefactor (\$500)
 Extra Donation (\$_____)
 Matching Gift form enclosed from my employer _____

Make checks payable to "FOF" and send to FOF Membership, P.O.Box 35, Everglades City, FL, 34139 or pay on our website www.orchidswamp.org.

Local address:

Name _____
 Street or PO Box _____
 City _____ State _____ ZIP _____
 Phone _____
 Email _____

Alternative address:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
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 City _____ State _____ ZIP _____
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