



# FRIENDS OF FAKAHATCHEE, INC.

P O Box 35, Everglades City, FL, 34139 • Office@FoFinc.org • www.orchidswamp.org

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## ANNUAL MEMBERSHIP

date \_\_\_\_\_

- Individual (\$25)   
  Family (\$35)   
  Supporter (\$50)   
  Patron (\$100)   
  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](http://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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