

SANDHILLS AREA FOUNDATION
MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Signature: _____

Include me as a contributor

Enclosed is my membership of \$ _____ to the Sandhills Area Foundation.

Enclosed is my gift of \$ _____ to the Sandhills Area Foundation.

Enclosed is \$ _____ towards my total pledge of \$ _____, I expect to fulfill this pledge by _____, 20_____.

My donation is in memory / honor (Please circle one) of:

Please return the application to:

Sandhills Area Foundation
P.O. Box 444
Valentine, NE 69201

www.sandhillsareafoundation.com/