



☐ **YES! I want to be a Save The Bay member.**

Name: _____

Address: _____

Phone: _____

Email: _____

☐ I prefer to have Save The Bay contact me via email regarding membership status and other news items.

Membership Level

- ☐ \$25 Student/Senior
- ☐ \$50 Individual
- ☐ \$75 Family
- ☐ \$100 Bay Club
- ☐ \$150 Seahorse
- ☐ \$250 Salt Marsh Society
- ☐ \$500 Hope Society
- ☐ \$1,000 Beacon Society
- ☐ Other \$ _____

Payment Method

☐ My check payable to Save The Bay is enclosed.

☐ Charge my: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____

☐ My employer participates in a Matching Gift Program.
I have enclosed the completed form.

☐ I want to participate in the monthly giving program. Please automatically deduct \$ _____ from my credit card on the _____ day of each month.

Please return payment and membership form to:

Save The Bay
100 Save The Bay Drive
Providence, RI 02905