# MEMBERSHIP FORM

## "Friends of The Spearfish Canyon"

**Spearfish Canyon Foundation**

I/We wish to help assure the success of the Spearfish Canyon Foundation and its ecological and recreational projects by making a gift or pledge that totals $_____ .

I/We will honor this financial commitment as follows (please check on the appropriate line below and complete as indicated):

_____ Full payment is enclosed with this form.
_____ Full payment will be made all at once in _____.
(month, year)
_____ This pledge will be paid over a multi-year period (up to three years)
beginning _____ and ending _____.
(month, year) (month, year)
Pledge payments will be made: _____ annually _____quarterly
_____ semi-annually _____monthly

For donor recognition purposes:
_____ Please list donor(s') name(s) as: _____
_____ I/We wish to remain anonymous

_____
Donor(s') Name(s)

_____
Address

_____
City, State, ZIP

Although this pledge is meant as a firm commitment, I understand it is not the policy of the Spearfish Canyon Foundation to press for payment in the event of unforeseen circumstances which would make fulfillment a hardship on my/our family or heirs.

_____ _____
Donor Signature Date

The Spearfish Canyon Foundation Inc., a not-for-profit, 501(c)3; public chairty, 509(a)1, is incorporated in the state of South Dakota. It's fedreal identification number is 46-0411808.

***TO THE DONOR: PLEASE NOTE THAT THIS FORM MUST BE SIGNED AND RETURNED TO THE Spearfish Canyon Foundation, PO Box 512, Spearfish, SD 57783-0512 BEFORE YOUR COMMITMENT CAN BE COUNTED.***