

GIFT MEMBERSHIPS

We will send each recipient a beautiful card acknowledging your gift.



Gift Recipient(s) Name and Addresses

#1 Name: _____ Phone: _____
(Optional)

Address: _____

Postal Code: _____ E-Mail: _____
(Optional)

Membership Type: Single \$25 Family \$35

#2 Name: _____ Phone: _____
(Optional)

Address: _____

Postal Code: _____ E-Mail: _____
(Optional)

Membership Type: Single \$25 Family \$35

Your Name _____

Phone: _____ E-mail: _____

Mail cheques to:

Salt Spring Island Conservancy
PO Box 722,
Salt Spring Island, BC V8K 2W3