



FRIENDS OF
FOLSOM
PARKWAYS

Membership Application and Donation Form

I would like to join or donate to the Friends of Folsom Parkways (a nonprofit 501(c)(3) organization). All funds support this organization.

Name: _____ Date _____

Organization: _____

Address: _____

City: _____

State: _____ ZIP: _____

Email: _____

Phone: _____

Membership (one year unless specified otherwise)

____ New Member

____ Individual \$25

____ Renewal

____ Family \$40

____ Student \$10

____ Advocates \$100

____ Group/Organization (non-profit) \$75

____ Lifetime \$500

Donations

I would like to donate \$_____ to support the Friends of Folsom Parkways

Volunteer: I am interested in these activities:

___ Trail Walks

___ Trail Maintenance

___ Wildlife Habitat

___ Tree Planting

___ Fund Raising

___ Adopt a Creek/Trail

___ Project Review

___ Membership

___ Fun Runs

___ Trails Day

___ Bike Paths

___ Finding Sponsors

Other: _____

Mail this form with your check to:

Friends of Folsom Parkways
PO Box 1501
Folsom, CA 95763-1501