

FOAF Membership Form

Date: _____ **Type of Membership** (check one): New ___ Renewal ___

Membership Level (check one): Individual (\$10) ___ Family (\$15) ___
Sponsor (\$25) ___ Patron (\$50) ___ Other* _____

Name: _____

Address: _____

Town: _____ **State:** _____ **Zip code:** _____

Phone: _____ **Email:** _____

**Larger contributions gratefully accepted.*

Please check one of the following options:

I will make my payment/donation via the Friends of Adams Farm PayPal option and email this completed form to yvette@adams-farm.com.

I will email this completed form to yvette@adams-farm.com, but mail a check.**

I will print and mail this form with a check.**

****Mailing address: Friends of Adams Farm, Inc., P.O. Box 725, Walpole, MA 02081**

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Thank you for supporting the Friends of Adams Farm with your fully tax-deductible contribution! We are a 501(c)(3) organization, IRS ID# 04-3584489. We look forward to working with you to preserve and enhance the beauty of the Farm and promote its usage.

Comments or suggestions:

Yes, I am interested in receiving information about the Adams Farm note cards depicting seasonal scenes from Adams Farm.