



Friends of Lac Lawrann Conservancy Membership Form

Thank you for supporting the Lac Lawrann mission.

Enclosed is my/our gift of \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Membership Level:

Pine \$35 \$50 \$75

Birch \$100 \$150 \$250

Maple \$500 \$750

Oak \$1,000 \$2,500 \$5,000

Please make your check payable to: Friends of Lac Lawrann Conservancy

Mail the form and your check to:

Friends of LLC
P.O. Box 755
West Bend, WI 53095