

PIONEER HERITAGE CONSERVATION TRUST

MEMBERSHIP FORM

___ New membership ___ Renewal membership Your check number _____ Amount \$ _____

___ \$30 Annual ___ \$100 Four years ___ \$500 Life ___ \$1000 Heritage ___ Other Gift

Name (s): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ E-Mail: _____

Cell Phone: (____) _____

All information is for the use of PHCT only.

Please make your check payable to PHCT.

Mail to PHCT, PO Box 337, Evansville, MN 56326

Donations are tax deductible under IRS Code Sec. 501(c)3