

# LSAW FOUNDATION

## MEMBERSHIP/DONATION FORM



|   |             |              |            |                       |      |
|---|-------------|--------------|------------|-----------------------|------|
| Name, last:   |             | Name, first: |            | MI:                   |      |
| Street Address:   |             | City:        |            | State:                | Zip: |
| Mailing Address:  |             | City:        |            | State:                | Zip: |
| Firm or Agency:   |             | Address:     |            | State:                | Zip: |
| <b>Select Membership Type:</b>  |             | Qty          | Fee        | Gift made in name of: |      |
|   | Regular     | 1            | \$35/year  |                       |      |
|   | Century     | 1            | \$100/year |                       |      |
|   | Sustaining  | 1            | \$500/year |                       |      |
|   | Millennium* | 1            | \$1000     |                       |      |
|   | Lifetime*   | 1            | \$5000     |                       |      |
|   | Donation**  |              |            |                       |      |
| <p>*Regular, Century and Sustaining memberships shall be for the period of one (1) year, beginning on the 1st day of January of each year. Lifetime membership is conferred upon those who contribute \$5,000 (or more) in a lump sum or in a five-year period to the Foundation. The Lifetime membership five year period shall commence on the date of the initial contribution, and upon full payment, is for the duration of the life of the contributor.</p> <p>**If you are making a one-time donation please enter the dollar amount under the fee column and enter a name if you wish to have donation made in the name of an individual.</p> |             |              |            |                       |      |

Please fill out the form, and mail your check and form to:

LSAW FOUNDATION

**Darin Deehr**

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