

LCLC Membership Donation Form

Thank you for supporting LCLC. Your contribution helps sustain the work we do. Please mail a completed membership form along with your payment to:

LCLC, P.O. Box 293, Lake Villa, IL 60046

Name (please print) _____

Please select one of the following options:

___ \$15.00 Student

___ \$40.00 Family

___ \$25.00 Regular Individual

___ \$100.00 Organization

___ Donation of \$ ___ for _____ (individual, property name, etc.)

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If you have an email address, please include it to help us cut printing and postage costs. LCLC will contact you by email in the future for special events and activities. Your information will be kept private and will not be shared with any other person or group.

Email address _____



Setting up a bird box during an educational field trip with LCLC.