

# Yes, I want to protect the water I love!

Please ensure your information is correct & complete:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I want my gift to be anonymous.

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Information about my gift:

Enclosed is my gift of:

\$1,000  \$500  \$250  \$125  \$55  Other \$ \_\_\_\_\_

I want to support healthy water throughout the year as a Bay Guardian. Please make my gift:

Monthly  Quarterly  Annually

This gift is a memorial / honorarium (circle one) for:

Name(s): \_\_\_\_\_

Please include contact information on the back of this form if you would like for someone to be notified.

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Payment Information:

eCheck

Routing #: \_\_\_\_\_

Acct #: \_\_\_\_\_

Check #: \_\_\_\_\_

Acct Type:  Checking  Savings

Credit Card

Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Check made payable to:  
The Watershed Center



Please mail this completed form with your gift to:

The Watershed Center  
13170 S. West Bay Shore Dr., Ste 102  
Traverse City, MI 49684