



Save the American River Association

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Membership and Donor form

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ Phone: _____

Donation Amount \$ _____

Check enclosed Please charge my credit card (*include number below*)

Donation Category

Please check one or more of the following donation categories. This contribution is for:

- SARA Membership Renewal New SARA Membership
- Non Membership Donation Tribute Donation* "*In memory or In honor of*"

SARA Membership Donation suggested categories *Please indicate your donation amount*

Student \$10-24 \$ _____ **Regular** \$25-49 \$ _____

Supporting \$50+ \$ _____ **Family** \$100 + \$ _____

Business \$250 + \$ _____ **Sustaining** \$1000+ \$ _____

SARA Membership Donations – May we list your name as a donor in SARA's *RiverWatch* newsletter? *Amount not included* **Yes** **No, thanks**

***Tribute Donations** – *please complete*

In memory of (*Name*) _____

In honor of (*Name*) _____

Credit Card Info

Name on Card _____

Credit Card # _____

Expiration date: (*Month*) _____ (*Year*) _____ 3 digit security code: _____

SARA is a 501(c)(3) non profit organization
All donations and memberships are tax deductible (#94-2987563)