

Ferry Bluff Eagle Council

Working with the Community to Keep
Sauk Prairie a Bald Eagle Wintering Area



Membership Form

Name _____

Address _____

Membership Level:

- _____ \$ 10 Senior / Student
- _____ \$ 20 Individual
- _____ \$ 30 Family
- _____ \$ 50 Eagle Supporter
- _____ \$100 Eagle Protector

___ Extra donation to:

_____ Eagle Habitat Preservation Fund \$_____

_____ Research Projects \$_____

Total Enclosed: \$_____

May we publicly acknowledge your donation? Yes

___ Please contact me about volunteering.

My phone number: _____

My e-mail: _____

Your contribution is tax deductible to the extent allowed by law.

Thank you for your support!

Annual Membership begins October 1

Please send with check payable to:

Ferry Bluff Eagle Council

P.O. Box 532

Sauk City, WI 53583