



Salt Ponds Coalition

P.O. Box 875, Charlestown, RI 02813 401-322-3068 www.saltpondscoalition.org

Please make checks payable to Salt Ponds Coalition. SPC memberships are for the current calendar year unless otherwise noted.

Please enroll me at the following yearly membership level for the calendar year.

- Standard Membership** **\$40+**
- Select Level** **\$75+**
- Steward Level** **\$250+**
- Saint Level** **\$1,000+**

Name: _____

Permanent Address _____

Town _____ State _____ Zip _____

Summer Address _____

Town _____ State _____ Zip _____

Email _____

Phone _____

Please consider a gift to the SPC. Your donations to our 501(c)(3) organization are tax deductible.

- Please find enclosed my gift of \$ _____
- I would like to sponsor a testing station for \$600

The Salt Ponds Coalition strives to keep overhead low, but we do have significant expenses with testing programs, office rent, administrative costs and supplies. Please consider making a donation in addition to your yearly membership dues, to help defray these costs. Thank you.