



ARIZONA
WILDERNESS
COALITION
WWW.AZWILD.ORG

DONATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

- Please email me AWC's monthly eNews and periodic updates.
- Please contact me about Volunteer Opportunities.

Communication Preferences

How may we contact you regarding your membership?

- No Preference Email Only Paper Mail Only

Wilderness Sustainer

I would like to make a recurring, monthly gift.

- \$ 10 \$ 20 Other _____

One-Time Donation

I would like to make a one-time gift.

- \$500 \$250 \$100
 \$ 50 \$ 35 Other _____

Check Enclosed *make payable to "Arizona Wilderness Coalition"*

Credit Card

Card # _____ Expiration _____

Name _____ Security Code _____

Signature _____ The Security Code is the 3-digit number on the back of your credit card.

- AWC never sells our member information; however, we occasionally share our list with other like-minded organizations. Please check if you DO NOT want your information shared outside of AWC.

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