



Gift Membership

Please complete this form and mail it to:
P.O Box 5411
Madison, WI 53705

Individual
\$40.00

Family
\$60.00

Sustainer
\$120.00

This Gift Is Being Given By:

Name/s: _____

Address: _____

City: _____

State: _____ Zip Code: _____

E-Mail Address: _____

Phone Number: _____

This Gift Is For:

Name/s: _____

Address: _____

City: _____

State: _____ Zip Code: _____

E-Mail Address: _____

Phone Number: _____

Payment Information:

Check is Enclosed

Pay with Credit Card

Name: _____

Billing Address: _____

City: _____

State: _____ Zip Code: _____

Credit Card: _____

Expiration Date: _____

CVC #: _____

Include a Message:

*If you have questions please contact us at:
Info@wgreenfire.org
715-203-0384
Thank you for your support!*