



AMERICAN RIVER Parkway Foundation

**COUNT ME IN AS AN
AMERICAN RIVER PARKWAY
FOUNDATION MEMBER!**

I/We would like to either join or renew our membership to the American River Parkway Foundation.

Member Information:

Full Name: _____

Address: _____

Address line 2: _____

City: _____

State: _____

Zip: _____

Email: _____

Please check the box of your desired membership level and gifts

Acorn
Membership

\$50

☐

☐ Monthly E-Newsletter

Sapling
Membership

\$100

☐

☐ I WANT MY ENTIRE DONATION TO BE TAX DEDUCTIBLE. PLEASE DO NOT SEND A GIFT

☐ Monthly E-Newsletter

☐ Note Card Pack

Live Oak
Membership

\$250

☐

☐ I WANT MY ENTIRE DONATION TO BE TAX DEDUCTIBLE. PLEASE DO NOT SEND A GIFT

☐ Monthly E-Newsletter

☐ Shirt OR Hat

☐ Note Card Pack

Blue Oak
Membership

\$500

☐

☐ I WANT MY ENTIRE DONATION TO BE TAX DEDUCTIBLE. PLEASE DO NOT SEND A GIFT

☐ Monthly E-Newsletter

☐ Shirt OR Hat

☐ Mug

☐ Park Pass & Note Card Pack

Valley Oak
Membership

\$1,000

☐

☐ I WANT MY ENTIRE DONATION TO BE TAX DEDUCTIBLE. PLEASE DO NOT SEND A GIFT

☐ Monthly E-Newsletter

☐ Shirt OR Hat

☐ Mug

☐ Park Pass & Note Card Pack

Oracle Oak
Membership

\$2,500

☐

☐ I WANT MY ENTIRE DONATION TO BE TAX DEDUCTIBLE. PLEASE DO NOT SEND A GIFT

☐ Monthly E-Newsletter

☐ Shirt OR Hat

☐ Mug

☐ Park Pass & Note Card Pack

☐ 2 Summer Solstice Dinner Tickets

**Live Oak or higher
memberships ONLY**
Please choose a hat OR shirt

☐ Hat One Size

☐ Women's Shirt **S / M / L / XL**

☐ Men's Shirt **S / M / L / XL**

Payment Details:

Name On Card: _____

Card #: _____

Exp Date: _____

CVV: _____

Please make all checks payable to:

ARPF. 5700 Arden Way . Carmichael, CA 95608

Tax I.D.# 94-2881344



ARPF, 5700 Arden Way
Carmichael, CA 95608



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arpfsac