American Lighthouse Foundation Membership Form

Yes, I would like to be a Keeper of the Lights!

Membership Level:

\$	25.00 — Assistant Keeper
\$	50.00 — Keeper
\$	100.00 — Inspector
\$	250.00 — Deputy Commissioner
\$	500.00 — Commissioner
\$	1,000.00 — Superintendent



Membership Details:

Exp. Date: CVV Code: ____

Signature:

□ New □ Renewing			
Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
☐ My Employer will match my membership d	onation		
Gift Membership: Complete this sec	tion if purchasing	a membership as a gift.	
This is a Gift From:			
Address:			
City:	State:	Zip:	
Phone:			
☐ Send membership card to recipient or ☐] Send membershi	ip card to my address	
Payment Options:			
☐ Check payable to American Lighthouse Fou	ındation	Mail completed form and payment information to:	
☐ Please charge my: VISA MORRICON DISC	:OVER		
Card #:		American Lighthouse Foundation P.O. Box 565 Rockland, ME 04841	

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