



Yes!! I want to help out and make sure data collection continues. Enroll me as a Member.

\$25    \$50    \$100    \$250    \$500    \$1000    Other: \_\_\_\_\_ (Tax Deductible)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City,ST,Zip: \_\_\_\_\_

I am choosing to pay with:

Email Address: to receive important BRWA updates.

Check Payable to BRWA

Credit Card: Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

(3-digit code on back)

101 West Main St., PO Box 875, Ashland, WI 54806 ♦ 715-682-2003 ♦ [badriverwatershed.org](http://badriverwatershed.org)