

Membership Application

- Student \$25.00
- Individual \$35.00
- Family \$45.00
- Contributing \$100.00
- Supporting \$500.00
- Patron \$1,000.00

Name _____

Street Address _____

City/State/Zip + 4 _____

Matching Gift Program Employer:

Phone _____ Email _____

Contribution in support of HFF:
*In addition to my membership, I would
like to contribute in support of the
Hardy Fern Foundation \$_____*

Please make checks payable to: **The Hardy Fern Foundation**
PO Box 3797
Federal Way WA 98036-3797

We are a non-profit organization. Your membership payment and contributions are tax-deductible to the extent allowed by law.