

BACK BAY RESTORATION FOUNDATION

Name: Mr. Mrs. _____

Address: _____

City: _____ State: _____

Zip Code: _____

Preferred Telephone Number: _____

E-Mail Address: _____

Indicate Membership Level (annual dues)

TEAL - \$25.00

FAMILY - \$40

WIDGEON - \$100

SWAN - \$250

OSPREY - \$500

EAGLE - \$1000

Other Donation: _____

Total Amount Enclosed: _____

Please make all checks payable to: **Back Bay Restoration Foundation**

Send this application and your tax deductible contribution to:

**Back Bay Restoration Foundation
3022 New Bridge Rd.
Virginia Beach, VA 23456**

If you would like, please circle the **VOLUNTEER OPPORTUNITIES** below which interest you.

Habitat Enhancement Education Fund Raising/Sales Membership

Newsletter Public Outreach/Speaking