



Membership/Donation Form

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Phone Number:_(_____) _____

Email: _____

Select One:

Donation Membership

Select One:

\$25 \$50 \$100 \$250 \$500 Other: _____

Select One:

Please mail my newsletter Please EMAIL my newsletter

Enclose check payable to the:

Mari Sandoz Heritage Society

Mail This Form and Payment To:

Mari Sandoz Heritage Society

P.O. Box 6808

Lincoln, NE 68506

THANK YOU for your continued support of the Mari Sandoz Heritage Society!