

CONTACT INFORMATION

{Company/Organization/Agency Name }

{Contact }

{Title }

{Address }

{City, State, Zip }

{Phone }

{Fax }

{Email }

{URL }

PARTNERSHIP LEVELS

{ Nonprofits } BASED ON BUDGET

Under 3million – \$100

Over 3million – \$300

Dues _____

{ Educational Institutions } BASED ON BUDGET

Under 3million – \$100

Over 3million – \$300

Dues _____

{ Parks, Municipalities & Agencies } BASED ON BUDGET

Under 3million – \$100

Over 3million – \$300

Dues _____

{ Retailers } \$150 MINIMUM

Dues _____

{ Guide Services & Outfitters } \$150 MINIMUM

Dues _____

CONTRIBUTION INFORMATION

My Check is enclosed.

Bill my credit card (circle one):



Card No. _____

Exp. _____

Please invoice me. (Available for Corporate Partners Only)

{ Partner Signature }

{ PARTNERS RENEW ANNUALLY. ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE.
LEAVE NO TRACE IS A 501C(3) NON-PROFIT ORGANIZATION. }



Please send of fax completed form with your payment to:
Leave No Trace, P.O. Box 997, Boulder, CO 80306

f. 303.442.8217 www.LNT.org p. 303.442.8222