



California Oaks Coalition Membership Form

Our organization would like to join the California Oaks Coalition!

Primary contact name: _____

Organization: _____

Email address: _____ Telephone: _____

Address: _____

City, State, and Zip Code: _____

Members of the California Oaks Coalition will be listed on the website unless this box is checked:

Please email a copy of your organization's logo to: oakstaff@californiaoaks.org for the Oaks Coalition website.

We have enclosed a contribution to help CWF/California Oaks protect and perpetuate California's oak woodlands:

\$25 \$50 \$75 \$100 \$250 \$500

Other _____

A check is enclosed

Please charge credit card # _____

Expiration Date: _____

Visa MasterCard

Security Code _____ (3 or 4 digit number code on back of card)

Checks should be made out to **CWF/California Oaks**, a 501(c)(3) non-profit corporation.

Thank you for your generous support.

428 13th Street, Suite 10A, Oakland, CA 94612 510/763-0282 – www.californiaoaks.org

Please send your completed form to the address listed above.