

Yes, I want to help make a difference...

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Please Choose Membership Level:

- ☐ Individual \$35.00
- ☐ Double \$50.00
- ☐ Family \$60.00

Enclosed is my check or money order

Please complete, print and mail form with your check, money order payable to:

Delaware River and Bay Lighthouse Foundation, Inc.

P.O. Box 708

Lewes, DE 19958