

MIRROR LAKE WATERSHED ASSOCIATION
DONATION FOR YEAR _____

Name: _____
Address: _____ Check if new address
City: _____ State: _____ Zip: _____
E-mail: _____ Ph: _____ Fax: _____
2nd Address if seasonal: _____

DONATION
Please check one

Business: \$50.00 Family: \$25.00 Individual: \$10.00
Other: _____ Anonymous: _____



PLEASE MAKE YOUR CHECK PAYABLE TO:

MLWA

send to:

PO BOX 1300 • LAKE PLACID, NY 12946

Your contribution is tax deductible.
Thank you!