



Membership Application

Become A Member of DeSoto National Memorial, Inc., for a **\$25** donation.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email Address: _____

Check for \$25 (Payable to "Friends of DeSoto National Memorial")

Send an invoice to the address listed above

Pay by Credit Card On-Line at www.friendsofdesoto.org or provide your information here:

Type of Card (Visa, MC, Amex, Discover): _____

Card Number (No spaces): _____

Expiration Date: _____ Security Code: _____

No goods or services were given in exchange for this donation, and all gifts are tax-deductible as allowed by law. Federal Tax ID #26-1734113. We are registered as a charitable organization with the Florida Department of Agriculture & Consumer Services (Registration #CH31582).

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DNISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.