



Tallgrass Prairie

CENTER

Yes, I'd like to become a Friend of the Tallgrass Prairie Center.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell Home Office

Email: _____

This is a new address, phone, or email.

ANNUAL GIVING LEVELS:

- | | |
|--|--|
| <input type="checkbox"/> Prairie White-Fringed Orchid / \$1000 | <input type="checkbox"/> Compass Plant / \$100 |
| <input type="checkbox"/> Shooting Star / \$500 | <input type="checkbox"/> Bluestem / \$50 |
| <input type="checkbox"/> Prairie Smoke / \$250 | |

PAYMENT METHOD:

- Check enclosed – Payable to the “University of Northern Iowa Foundation.”
- Credit card – Please complete information below.

Signature: _____

(required for credit card payment)

- Secure online giving form – Go to www.uni-foundation.org and click on “Make an Online Gift.”

Please return membership forms in the enclosed envelope or submit to:

The Friends of the Tallgrass Prairie Center
1223 W. 22nd Street / Cedar Falls, IA 50614-0239

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Credit card information will not be kept on file:

Card type: Visa MasterCard Discover American Express

Card number: _____

Expiration date: _____

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