

CARE for the Cape and Islands

Supporter Levels



POSEIDON

- CARE bag, filled with a nice assortment of CARE items
- Assistance with eco tourism - 1 hour session
- Newsletter shout out
- Invitation to Annual Stewardship Awards presentation
- 1 FREE admission to CARE Day
- Your business logo & link on our website
- Marketing materials and template
- Pond Guide
- Bamboo cutlery set
- 2 stainless straws
- CARE decal

\$500 and up



WHALE

- Invitation to Annual Stewardship Awards presentation
- 1 FREE admission to CARE Day
- Your business logo & link on our website
- Marketing materials and template
- Pond Guide
- Bamboo cutlery set
- 2 stainless straws
- CARE decal

\$250

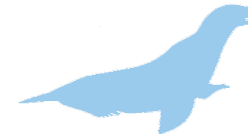
Support our mission to help preserve and protect the Cape and Islands: the exquisite natural beauty, plant and wildlife habitats, culture and history.



SHARK

- Your business listing & link on our website
- CARE marketing tools
- Pond Guide
- 2 stainless straws
- Bamboo cutlery set
- CARE decal

\$100



SEAL

- Stainless straw
- CARE decal

\$50



MINNOW

(STUDENT/YOUTH)

- CARE decal
- \$10**



SEA TURTLE

- CARE decal

\$25

careforthecapeandislands.org/

CARE for the Cape and Islands Supporter Levels



SECTION 1: Supporter Contact Information

Organization: _____ Contact Name: _____

Title/Position: _____ Telephone: _____ ext. _____







Fax #: _____ Mobile #: _____ Email: _____

Street Address: _____ Town/City: _____ Zip Code: _____

Mailing Address: _____ Town/City: _____ Zip Code: _____

Website: _____

SECTION 2: Supporter Level

	COST	CHECK ONE
 Poseidon	\$500 and up	<input type="checkbox"/>
 Whale	\$250	<input type="checkbox"/>
 Shark	\$100	<input type="checkbox"/>
 Seal	\$50	<input type="checkbox"/>
 Sea Turtle	\$25	<input type="checkbox"/>
 Minnow	\$10	<input type="checkbox"/>

DATE: _____

SIGNATURE: _____

SECTION 3: Supporter Information

Additional email addresses: _____

May we add you to our email list? Yes No

May we list you as a supporter on the CARE website? Yes No

Would you be willing to host an event? Yes No

If so, when? _____

Would you like to participate in a training session on CARE? Yes No

Would your staff? Yes No

Please indicate if you would be willing to serve on the Advisory Board or a committee: Yes No

Would you like this to be renewed annually? Yes No

Please indicate your areas of interest (ie: marketing, strategic planning, membership, fundraising, other): _____

PLEASE MAIL THIS COMPLETED SUPPORTER APPLICATION AND A CHECK MADE PAYABLE TO "CARE" TO:
 CARE for the Cape & Islands, P.O. Box 638, Yarmouth Port, MA 02675.
 Email any questions to: jill@careforthecapeandislands.org