

WING's
Blackthorn Hill Nature Preserve
Annual Membership Form

Please fill out and mail to:
WING
1678 Oriole Drive
Galesburg, IL 61401

___ \$30 Individual & Family

Name: _____

___ \$50 Group

Address: _____

___ \$250 Business

City _____

State/Zip: _____

I would like to receive emails at: _____

Thank you! Visit www.blackthornhill.org and Like us on Facebook!