



HIGHLAND AMBASSADOR  
REGISTRATION FORM

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

We thank you for your donation. An amount of \$100 or more per person annually gives you membership in *Highland Ambassadors*.

- Donation amount for membership:
- \$100
  - \$200
  - \$500
  - Other Amount \_\_\_\_\_

How would you like to be involved with Highland?