

OUR MISSION

The mission of the Friends of MetroParks of Butler County is to improve and preserve the parks for future generations, to educate and inform the public about the unique qualities of each MetroPark, and to encourage individuals and groups to participate in volunteer programs.



MEMBERSHIP BENEFITS

- Subscription to Newsletter with information about park events and activities.
- Discounts on special events and programs.
- Invitations to Members Only events.
- Attend Annual Meeting and have a voice in Friends activities and direction.
- Opportunity to apply for funding to support MetroParks programs and projects.

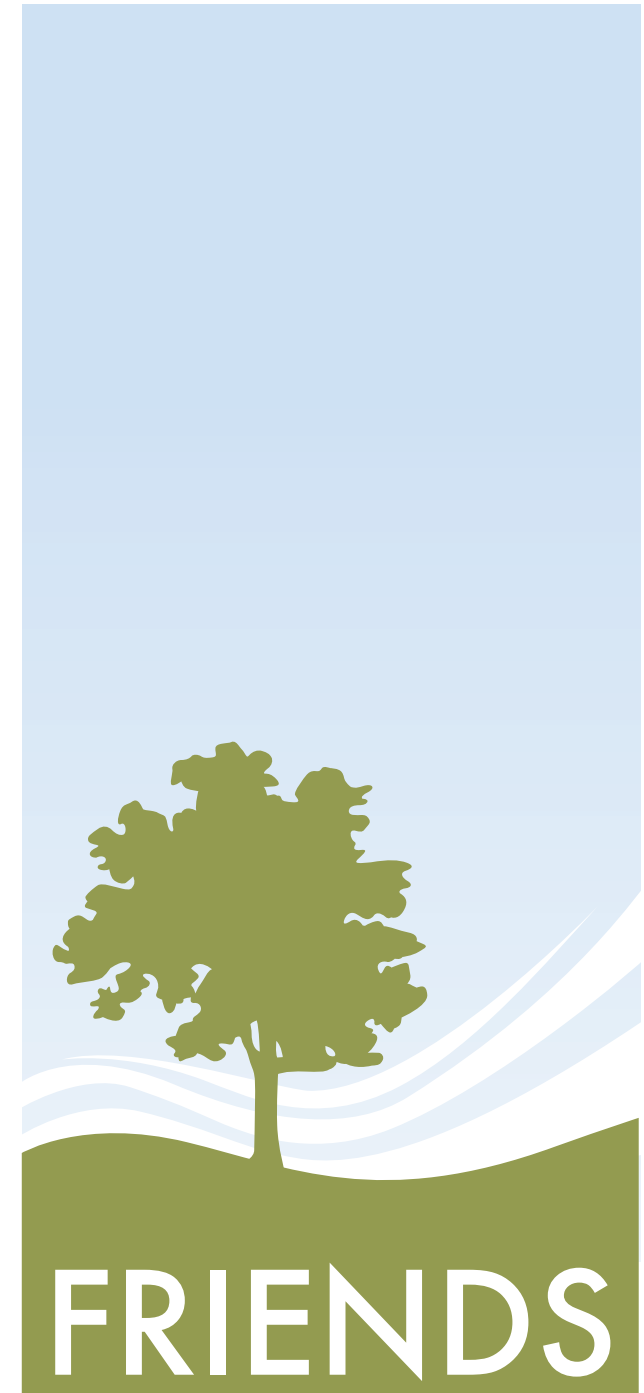


FRIENDS OF METROPARKS OF BUTLER COUNTY

PO Box 691
Hamilton, Ohio 45012

For more information:
fompbc@gmail.com
www.fompbc.org

www.yourmetroparks.net



FRIENDS

of MetroParks of Butler County

www.fompbc.org



WE VOLUNTEER!

- Master Gardener Work Days
(Gardening across many parks)
- On the Trails (Families, Adults and Kids)
- Youth and Adult Programs
- Conservation and Service Projects
- Concerts and Music Ambassadors
- Special Events Volunteers
(Cardboard Regatta, Mud Mania, The Howl, Horse Daze and more.)

WHO WE ARE

The Friends of MetroParks of Butler County is an Ohio non-profit group of private citizens who have come together to:

- Sponsor programs and activities that promote the use of all of the MetroParks of Butler County.
- Assist in raising funds, securing donations and applying & obtaining grant monies to further the mission of MetroParks of Butler County.
- Increase public awareness of MetroParks of Butler County (Ohio) facilities and opportunities for conservation, education and recreation.
- Identify and assist in implementing improvements to all of the parks.
- We support volunteerism in the parks.



Become a Friend!

Simply fill in this form, detach and mail it with your check.
Made payable to:

Friends of MetroParks of Butler County
PO Box 691
Hamilton, OH 45012

Pick an Annual Membership

- Individual - \$10
 Family - \$15
 Group/Business - \$100
 Donation - \$ _____

Name(s)/Contact _____ Date _____
 Group or Business Name _____
 Address _____
 City _____ State _____ Zip _____
 Home/Business Phone _____ Cell Phone _____
 Email (required to receive newsletter) _____

Office Use Only

INT _____ /Date _____
 AMT _____ Ca/Ck Rec _____ /Date _____
 From _____