

Fire Island Pines Lyme Disease Control Program



Donor Form



1 By CHECK: Send check made out to "FIPPOA-LDC" to the address below. If you are a property owner list one of your lot numbers on the check and indicate below how you want to be acknowledged.

By CREDIT CARD: Fill in the form below, cut out the info and enclose it in an envelope. Indicate below how you want to be acknowledged. (Or do it all online at www.fipboa.org/vector)

2 ACKNOWLEDGEMENT: _____

3 Send payment to: Ken Pollard, FIPPOA Manager, 7 East 14th St. #17 O, New York NY 10003. questions? e-mail: lyme@fipboa.org

CREDIT CARD FORM ✂

Cut and send to the address above. (Please write clearly!)

___ Visa ___ MC ___ American Express Expiration (mm/yy) ___ / 20___

Card # _____ Amount: _____

Name on the card: _____

Billing address for this card:

Address (1) _____

Address (2) _____

City _____ State _____ Zip code _____

NEW PROPERTY OWNERS ✂

Please cut here and return this form to the address above.

Damminix™ Application Form (initial one):

_____ I give permission to a licensed contractor hired by FIPPOA to enter my property to apply Damminix™.

_____ I prefer to apply Damminix™ myself and I will contact you for instructions. I understand that the first application must take place in March.

_____ I will not allow my property to be treated with Damminix™.

I understand that FIPPOA is not responsible for the safety or efficacy of Damminix™.

Date _____ Signature _____

Lot #(s) _____ Print name _____

THANK YOU!