



GIFT MEMBERSHIP ORDER FORM

FOR FAX OR MAIL SIGNUP

DATE: _____

THIS MEMBERSHIP IS: _____ NEW _____ RENEWAL, ID# _____

A GIFT FOR:

ADULT NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

_____ MAIL MEMBERSHIP DIRECTLY TO RECIPIENT

GIFT MESSAGE: _____

A GIFT FROM:

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

_____ MAIL MEMBERSHIP TO DONOR TO GIVE AS GIFT

MEMBERSHIP TYPE:

_____ \$50 INDIVIDUAL | FULLY TAX DEDUCTIBLE _____ \$199 FAMILYMAX | ALL BUT \$32 TAX DEDUCTIBLE

_____ \$75 DUAL | FULLY TAX DEDUCTIBLE _____ \$265 PREMIER | ALL BUT \$96 TAX DEDUCTIBLE

_____ \$130 FAMILY | FULLY TAX DEDUCTIBLE _____ \$400 FRIENDS CIRCLE | ALL BUT \$126 TAX DEDUCTIBLE

PAYMENT:

_____ ENCLOSED IS MY CHECK, MADE PAYABLE TO THE FRANKLIN INSTITUTE

_____ PLEASE CHARGE MY DEBIT/CREDIT CARD IN THE AMOUNT OF: \$ _____

TYPE: _____ VISA _____ MASTERCARD _____ AMEX _____ DISCOVER

CARD NO.: _____ EXP.: _____

SIGNATURE: _____

THANK YOU FOR YOUR SUPPORT OF THE FRANKLIN INSTITUTE THROUGH MEMBERSHIP.

PLEASE ALLOW TIME FOR RECEIPT AND PROCESSING.

QUESTIONS? PLEASE CONTACT US AT 215.448.1200 (OPTION 2), DAILY 9:00AM – 5:00PM, OR MEMBERSHIP@FI.EDU.