

CHOOSE YOUR MEMBERSHIP LEVEL				
NATIONAL/INTERNATIONAL SENIOR/STUDENT NATIONAL/INTERNATIONAL INDIVIDUAL STUDENT/SENIOR INDIVIDUAL DUAL FAMILY CONTRIBUTOR		\$30 \$60 \$50 \$75 \$125	SUPPORTER SUSTAINER PATRON BENEFACTOR CHILDREN'S CENTER PASS (AVAILABLE TO QUALIFYING MEMBERS) YOUNG PATRON'S PASS (AVAILABLE TO QUALIFYING MEMBERS)	\$1,000 \$2,500
MEMBERSHIP TYPE				
□ NEW □ RENEWAL □ GIFT				
MEMBERSHIP INFORMATION				
	☐ DR.			
NAME:				
ADDRESS:				
CITY/STATE/ZIP:				
PHONE NUMBER:				
EMAIL:				
Second cardholder's name for Dual mer	mberships and	d highe	r (must reside at same address):	
NAME:				
PAYMENT INFORMATION				
☐ In addition to my membership fee, I support ASF's work. ☐ Please see enclosed check, payable to ☐ Please charge my credit card for \$ AMEX ☐ MASTERCARD ☐ VISA	the American		ax-deductible contribution of \$ linavian Foundation for \$	to further
CARDHOLDER'S NAME:				
CARD NUMBER:				
EXPIRATION DATE:				
SIGNATURE:				
OTHER INFORMATION				
ASF with a tax-deductible contribu	tion.		tion in my estate plans and/or other ways	of supporting

Thank you for your support of ASF!

