



AMERICAN-SCANDINAVIAN FOUNDATION

CHOOSE YOUR MEMBERSHIP LEVEL

- NATIONAL/INTERNATIONAL _____ \$40
- STUDENT/SENIOR NATIONAL/INTERNATIONAL _____ \$30
- INDIVIDUAL _____ \$60
- STUDENT/SENIOR INDIVIDUAL _____ \$50
- DUAL _____ \$75
- FAMILY _____ \$125
- CONTRIBUTOR _____ \$150
- SUPPORTER _____ \$300
- SUSTAINER _____ \$500
- PATRON _____ \$1,000
- BENEFACTOR _____ \$2,500
- YOUNG PATRON MEMBERSHIP _____ \$100
(AVAILABLE TO QUALIFYING MEMBERS)
- CHILDREN'S CENTER MEMBERSHIP _____ \$500
(AVAILABLE TO QUALIFYING MEMBERS)

MEMBERSHIP TYPE

- NEW
- RENEWAL
- GIFT

MEMBERSHIP INFORMATION

- MR.
- MRS.
- MS.
- DR.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

Second cardholder's name for Dual memberships and higher (must reside at same address):

NAME: _____

PAYMENT INFORMATION

- In addition to my membership fee, I would like to add a tax-deductible contribution of \$ _____ to further support ASF's work.
- Please see enclosed check, payable to the American Scandinavian Foundation for \$ _____ .
- Please charge my credit card for \$ _____ .
- AMEX MASTERCARD VISA

CARDHOLDER'S NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____

Please send me an ASF tote bag!

No, thank you

Thank you for your support of ASF!