

143 South 3rd Street Philadelphia, PA 19106

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email: attn@friendsofindependence.org web: www.friendsofindependence.org

Gift of Membership Form

<u>Donor's Information</u>		
Name:		
Address:		
City, State Zip:		
Phone Number:	_	
Email:		
Recipient's Information		
Name:		
Address:		
City, State Zip:		
Phone Number:		
Email:		
Preferred title(s) Mr. / Mrs. / Ms. / Miss / Dr. / Other:		
Gift of Membership Information	Please mail this form and payment to:	
	Friends of Independence	
Which level would you like to give as a gift? (please circle one)	143 S. 3 rd Street	
Individual \$35 Household \$50 Patriot \$100	Philadelphia, PA 19106	
Method of Payment		
Check (payable to Friends of INHP)		
Credit Card (please circle one)		
Visa MasterCard Disco	ver AMEX	
Credit Card #:		
Name as it appears on the card:		
Expiration Date: Security Cod	Security Code:	
Signature:		