

Book Plating Form

Please fax form to **312.922.6406** or mail form to:

Spertus Institute of Jewish Studies

Attention: Membership

610 South Michigan Avenue, Chicago, IL 60605-1901

Inscription you wish the bookplate to contain:

From (for billing information)

Name _____

Address _____

Address continued _____

City _____ State _____ Zip _____

Day phone _____ Evening phone _____

E-mail _____

Payment Information* (Minimum \$40)

Please charge \$ _____ to my Visa MasterCard American Express Discover

Credit card number _____ Expiration date _____

Signature _____

*** If mailing form, you can enclose a check payable to Spertus Institute.**

Amount of Check: \$ _____

Please notify the following person(s) about my gift

Name _____

Address _____

Address continued _____

City _____ State _____ Zip _____

Phone _____ E-mail _____