

# Gift Membership Application

Please fax form to 312.922.6406

or mail form to:

*Spertus Institute of Jewish Studies, Attention: Membership,  
618 South Michigan Avenue, Chicago, IL 60605*

## Individual Gift Memberships

One year

Two years

Individual

\$40

\$70

Student / Educator

\$20

\$35

Senior

\$20

\$35

## Dual Gift Memberships

One year

Two years

Household/Family

\$50

\$85

Senior Couple

\$30

\$50

## Supporting Gift Memberships

One year/dual memberships

Associate

\$100 – \$249

amount: \$ \_\_\_\_\_

Fellow

\$250 – \$499

amount: \$ \_\_\_\_\_

Patron

\$500 – \$999

amount: \$ \_\_\_\_\_

Benefactor

\$1,000+

amount: \$ \_\_\_\_\_

I would like to support Spertus by giving an additional gift of: \$ \_\_\_\_\_

**Gift Member Information*****Name for Member Card #1***

Name \_\_\_\_\_

Address \_\_\_\_\_

Address continued \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

E-mail \_\_\_\_\_

***Name for Member Card #2 (for family memberships)***

Name \_\_\_\_\_

**Note to accompany Gift Membership:****From (billing information)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Address continued \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Payment Information\***Please charge \$ \_\_\_\_\_ to my  Visa  MasterCard

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

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

Amount of Check: \$ \_\_\_\_\_