## **Gift Membership Form**

## **Friends of DISL Foundation Gift Membership Form**

Name:			•	_		
Address:						
City:	State:		Zip:			
Telephone Number:		Email	:			
From: Name:						
Address:				_		
City:	State:		Zip:			
Telephone Number:		Email	:			
Is this gift for a special o	occasion? "Yes	No				
If yes, please specify occ	casion:					
Please tell us what spec	•		like on the gift o	card.		
Send Renewal Notice to			" Recipient			
Basic Levels:Studen	nt (\$30)Indi	ividual(\$	50)Family(\$	100)		
Advanced Levels: of Fish(\$2500)	Seahorse(\$250		kate (\$250)	Starf	ish (\$500)	_School
/Today	y's date					
Total Amount Enclosed Check Enclosed (Payab	•					
Credit Card Number:			Exp. Date:		CVV Code_	
Cianatura						