Gift Membership Form

Friends of DISL Foundation Gift Membership Form

Please send a Friends o Name:						
Address:						
City:	State:		Zip:			
Telephone Number:		Email: _				
From: Name:						
Address:						
City:	State:		Zip:			
Telephone Number:		Email: _				
Is this gift for a special o	ccasion? "Yes	"No				
If yes, please specify occ	asion:					
Please tell us what speci	al remarks yo	u would lil	ce on the gift c	card.		
Send Renewal Notice to:	" Me/Us		"Recipient			
Basic Levels:Student	t (\$30)Indi	vidual(\$50)Family(\$?	100)		
Advanced Levels :S of Fish(\$2500)	eahorse(\$250)Ska	ite (\$250)	Starfish	(\$500)	School
/Today	r's date					
Total Amount Enclosed : "Check Enclosed (Payab "Visa "MasterCard						
Credit Card Number:			Exp. Date:			
Signature:						