



2010 Membership Form

We look forward to seeing you at our monthly meetings at 6:30 p.m. the third Monday of each month at the **Jewish Education Alliance at 5111 Abercorn Street in Savannah, GA.**

Membership Levels:

Single \$25.00 _____
Family \$30.00 _____

Title _____ Last Name: _____

First Name _____ Spouse (family membership) _____

Street _____

City _____ State _____ Zip _____

Home phone _____ Mobile/business _____

e-mail address: _____

The above information will only be used by our organization.

Sponsorship Levels: All sponsorship levels receive a complimentary (one year) family membership.

- | | |
|---|--------------------|
| <input type="checkbox"/> <i>Laura</i> | \$50 - \$99 |
| <input type="checkbox"/> <i>Huckleberry Friend</i> | \$100 - \$250 |
| <input type="checkbox"/> <i>Skylark</i> | \$251 - \$499 |
| <input type="checkbox"/> <i>Charade</i> | \$500 - \$999 |
| <input type="checkbox"/> <i>Moon River</i> | \$1,000 - \$4,999 |
| <input type="checkbox"/> <i>Tangerine</i> | \$5,000 - \$9,999 |
| <input type="checkbox"/> Dream Underwriter | \$10,000 and above |
| <input type="checkbox"/> <i>I prefer my gift handled anonymously.</i> | |