



Yes, I/we wish to support the projects and programs of the Palm Beach Fellowship of Christians & Jews during the upcoming season, to be part of the mission of bringing people of all backgrounds together, *seeking common ground*.

- Membership Level:** \$100 Individual
\$150 Friend
\$250 Family
\$500 Supporter
\$1,000 Patron
\$2,500 Benefactor
\$5,000 Chairman's Council
\$10,000 Founder's Society

Thank you
for your
Support!

I/we do do not give permission to be acknowledged publicly.

New Member Renewal

Complete the form below and mail with your check or credit card information to PO Box 507, Palm Beach, Florida 33480.

Call (561) 833-6150 for more information about membership benefits or to pay by credit card.

Memberships cover the fiscal year from July 1, 2018 - June 30, 2019.

We do not sell or share donor information.

Please print clearly.

Name(s) _____

Preferred Mailing Address ⁽¹⁾ _____

City/State/ZIP _____

Telephone (_____) _____ E-mail ⁽²⁾ _____

⁽¹⁾ If you also have a seasonal address, please include that information at the bottom of this form with the approximate dates you are away.

⁽²⁾ Be assured that we use e-mail very sparingly for occasional event reminders and other notices.

check enclosed (*payable to Palm Beach Fellowship*) - check # _____

credit card (*circle one*) Visa MasterCard Discover American Express

Name on Card _____ Exp. Date _____

Account No. _____ CVC Code _____

Billing Address (*if different from above*) _____

Billing City/State/ZIP _____

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Seasonal Mailing Address _____

City/State/ZIP _____

Telephone (_____) _____ Approximate Dates _____