



WISDOM MEMBERSHIP FORM

Name: _____

Home Address: _____

City: _____

State, ZIP _____

Preferred Telephone: _____

E-mail Address: _____

Religious Affiliation/Denomination (optional): _____

Place of Worship (optional): _____

- Membership Level: Please circle the level of support that you choose:

Full-Time Student \$10

Individual \$25

Friend \$50

Sponsor \$100

Patron \$250

Visionary \$500

Visionary Plus (amount) \$ _____

- We are looking for VOLUNTEERS!

Please indicate if you would like to work on these WISDOM committees:

Programming Public Relations Membership Board Development Finance

Yes, Please send me the WISDOM Window, a monthly update of interfaith activities and events!

Please mail the form and your check made out to: WISDOM to P.O. Box 7091, Bloomfield Hills, MI 48302