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:

___ Student $10  ___ Individual $25  ___ Friend $50
___ Sponsor $100  ___ Patron $250  ___ Visionary $500
___ Visionary Plus (amount)
Other $____

● 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!

WISDOM is a 501(c)3 Non-Profit Organization
http://www.interfaithwisdom.org/
Please mail the form and your check made out to: WISDOM to P.O. Box 7091, Bloomfield Hills, MI 48302