



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!



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