

WEB FORM

# 2007-2008 Silver Circle Membership Form

*(Please PRINT all information and press firmly.)*

WEB FORM



\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP (+4)

\_\_\_\_\_  
Telephone (Member)

\_\_\_\_\_  
E-mail Address (Member)

\_\_\_\_\_ This is a personal membership.

\_\_\_\_\_ This is a gift membership.

\_\_\_\_\_  
Seller's Signature

Cost per membership is \$25. All proceeds benefit the IHM Retirement Fund. [www.sistersofihm.org](http://www.sistersofihm.org)

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**THANK YOU!**