

GIFT MEMBERSHIP FORM

LSC Member? YES NO Account Number:					
Name:					
Address:					
City:		State:		Zip:	
Phone:					
GIFT RE(IPIENT INFORMATION					
Name (adult one):					
Name (adult two):(two adults sharing the same household may be listed on member address:					
City:		State:		Zip:	
Phone:	Email:				
MEMBERSHIP LEVELS Choose your category and give terrific benef		year!			
FAMILY MEMBERSHIPS (includes named caregive) Family (Two adults and up to four children under the caregive)			_ '	MBERSHIP LETTER TO:	
Family Plus (Two adults and up to four children under 18, plus two guests per visit)	•		BuyerGift Membership Recipient		
*Friends Circle (Ten individuals)	\$550				
*Elevate your benefits as you become more involved with LSC ADULT MEMBERSHIPS	C! Visit lsc.org/members f	or details an	d information on higher le	vels of support.	
One adult)	\$80			V/\VA	
Duo (One named adult and one guest)	\$150				
PAYMENT INFORMATION Check (Payable to Liberty Science Center	r)				
○ American Express○ Discover	○ Master(Card	○ Visa		
Card Number:	Security	/ Code:_	Expi	ration Date:	
Signature:					

Questions? Contact Membership at 201.253.1439 or members@lsc.org