



GIFT MEMBERSHIP FORM

GIFT GIVER INFORMATION

LSC Member? YES NO Account Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

GIFT RECIPIENT INFORMATION

Name (adult one): _____

Name (adult two): _____
(two adults living in the same household may be listed on member account)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

MEMBERSHIP LEVEL

Choose your category and give benefits **for the entire year!**

- Family** (2 adults and 4 children under 18) **\$175**
- Family Plus** (up to 10 individuals) **\$285**
- Individual** (1 adult) **\$60**
- Senior** (1 adult, age 62+) **\$50**
- Duo** (2 individuals) **\$115**

MAIL GIFT MEMBERSHIP PACKAGE TO:

- Buyer**
- Gift Membership Recipient**



PAYMENT INFORMATION

Check (Payable to Liberty Science Center)

American Express Discover MasterCard Visa

Card Number: _____ Security Code: _____ Expiration Date: _____

Signature: _____



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

MAIL OR FAX THE COMPLETED FORM TO: Membership

Liberty Science Center • Liberty State Park • 222 Jersey City Boulevard • Jersey City, NJ 07305

Fax: 201.451.6383