

# Gift Membership Form



Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone: \_\_\_\_\_

Your email address: \_\_\_\_\_

Giftee's Name: \_\_\_\_\_

Giftee's Address: \_\_\_\_\_

Giftee's Phone: \_\_\_\_\_

Giftee's email address: \_\_\_\_\_

Occasion:

Birthday \_\_\_\_\_ Anniversary \_\_\_\_\_ Holiday \_\_\_\_\_ Other \_\_\_\_\_

Gift Options:

- Membership: \$35
- Donate 5 RARI books to a public library in your giftee's name: \$50
- Donate 10 RARI books to a public library in your giftee's name: \$100

Check  MC  Visa  AMEX

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature \_\_\_\_\_

