



Office: 4030 Wake Forest Rd, Suite 300  
Raleigh, NC 27609

## Yavneh Center for Deep Ecumenism

### MEMBERSHIP FORM

Your financial support is vital to the success of the Yavneh Center for Deep Ecumenism.

#### Please select your membership category below:

☐

#### Sustaining Member

**\$420 per year**

With your gift of \$420 you will become a member of the Center through the end of 2015. Benefits include an online subscription to [multifaithful.com](http://multifaithful.com) (the Center's online learning portal which is expected to go live by January 2015), free admission to all Center lectures, including scholar-in-residence weekends, a ticket to the annual Yavneh Interfaith Seder, and a PDF download of Multifaith Journal, due to be published in the summer of 2015.

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#### Founding Patron

**\$1,200 per year**

With your gift of \$1,200 you will earn the designation of Founding Patron, and you and your family (two adults and all children under age 21) will become members of the Center through the end of 2015. Benefits include an online subscription to [multifaithful.com](http://multifaithful.com) (the Center's online learning portal which is expected to go live by January 2015), free family admission to all Center lectures, including scholar-in-residence weekends, tickets to the annual Yavneh Interfaith Seder, and a PDF download of Multifaith Journal, due to be published in the summer of 2015.

Type of membership:

☐

New

☐

Renewal

Do you wish to pay:

☐

annually

☐

semi- annually

☐

quarterly

Form of  
payment:

☐

Check enclosed/attached - If paying by check on a semi-annual or quarterly basis, please make note to submit additional payments at the start of each period. You will not be billed.

☐

Credit card

Name as appears on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

If paying by credit card on a semi-annual or quarterly basis, your card will be charged at the start of each period

#### Please complete information below:

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

Address (street,  
city, state, zip): \_\_\_\_\_

Email: \_\_\_\_\_

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

If you are donating at the **PATRON** level, please complete following:

Second adult in household: \_\_\_\_\_

Children (under age 21): \_\_\_\_\_