



Gift Membership Form

Date: ___/___/___

Donor information:

Name(s): _____

Address if new/changed: _____

City: _____ State: ___ Zip: _____

Phone: _____ Email: _____

Membership recipient information:

Name(s): _____

Address: _____

City: _____ State: ___ Zip: _____

Phone: _____ Email: _____

Individual membership: - \$40 Family: Couple and children under age 21 - \$60

I am including additional recipients on another page

Total Amount: \$ _____

Check enclosed (payable to CFFCM) Check # _____

Charge my: Visa / MasterCard / American Express

Card No: _____ Exp. Date: ___/___/___ Sec. Code: _____

Signature: _____ Date: _____