



The Friends of Franklin, Inc.

2010 MEMBERSHIP FORM

Name: _____

Company/Institution: _____

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Business Phone: _____

Fax: _____

Home Telephone: _____

E-Mail: _____

MEMBERSHIP LEVELS:	METHOD OF PAYMENT:	CREDIT CARD INFORMATION:
Franklin (\$100) _____	Personal Check _____	Card # _____
Corporate (\$1000) _____	MasterCard _____	
Ben For Life (\$1500) _____	Visa _____	Expiration date: _____
<input type="checkbox"/> Check box if you are a descendant of Benjamin Franklin. Family line _____		
2010 Tax Deductible Contribution: _____		
Billing Address: _____ (if different then above)		
Signature: _____		

Questions? Call 856-833-1771

Mail to: Friends of Franklin, Inc., P.O. Box 40048, Philadelphia, PA 19106
Credit Card Payments May be Faxed to 856-854-0773. No cover sheet necessary.