

I would like to be enrolled as a member of the Indiana Jewish Historical Society with the category checked below:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ E-Mail _____

- | | | | |
|---------------------|-----------------|--------------------|-------|
| _____ Patron | \$180 and above | _____ Contributing | \$ 54 |
| _____ Organizations | \$125 minimum | _____ Basic Dues | \$36 |
| _____ Sustaining | \$90 | _____ Student | \$9 |

_____ I am interested in contributing toward the IJHS Endowment Fund. \$ _____

In honor of _____

In memory of _____

- _____ I have material for the IJHS archives. Please contact me.
- _____ I am interested in serving on a regional committee.

Dues and donations are tax deductible. Please make checks payable to:

INDIANA JEWISH HISTORICAL SOCIETY

Thank You

Payments can also be made through our Website: www.ijhs.org