



GIFT MEMBERSHIP APPLICATION

Gift Purchaser's Information

(Please print clearly. You may provide us with your mailing address or billing address.)

Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Home Phone _____ Business Phone _____

E-Mail _____

MAIL GIFT TO THE ABOVE ADDRESS

MAIL GIFT TO THE RECIPIENT'S ADDRESS

- | | | |
|----------------------------------|----------------------------|-------|
| <input type="checkbox"/> Duo | Any 2 admissions per visit | \$50 |
| <input type="checkbox"/> Trio | Any 3 admissions per visit | \$65 |
| <input type="checkbox"/> Quartet | Any 4 admissions per visit | \$75 |
| <input type="checkbox"/> Quintet | Any 5 admissions per visit | \$85 |
| <input type="checkbox"/> Troop | Any 8 admissions per visit | \$100 |

Enclosed is a check for \$ _____ (Make checks payable to Adventure Science Center.)

Please charge to my account \$ _____ Visa MasterCard

(Account Number)

(Expiration Date)

(Signature)

(Date)

GIFT RECIPIENT'S INFORMATION

New Membership

Renewal (# _____)

Mr./Mrs./Ms. _____

Mr./Mrs./Ms. _____

Address _____

City/State/Zip _____

Home Phone _____ Business Phone _____

E-Mail _____

THANK YOU!

**Your purchase of a gift membership today helps support operations of
Adventure Science Center, a non-profit 501 (c)(3) organization.**

Adventure Science Center
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