

Membership Form



SAN FRANCISCO ZEN CENTER

JOIN ONLINE AT www.sfzc.org

NAME

ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL

Please conserve resources and only contact me by email

I would like to become a member and contribute the following amount:

<input type="radio"/> DHARMA STREAM	<input type="radio"/> DHARMA SKY	<input type="radio"/> DHARMA MOUNTAIN	<input type="radio"/> DHARMA LAMP	<input type="radio"/> DHARMA PILLAR	<input type="radio"/> OTHER
\$10/month \$120/year	\$20/month \$240/year	\$30/month \$360/year	\$50/month \$600/year	\$100/month \$1,200/year	_____

I will pay: Annually Quarterly Monthly

Please automatically renew my membership until I notify you otherwise

I practice primarily at (Choose one): Tassajara City Center Green Gulch Farm

Membership includes my partner:

PARTNER'S NAME

Enclosed is my check made payable to San Francisco Zen Center

Please charge my: Visa MasterCard

CARD NUMBER

EXPIRATION DATE

SIGNATURE

CVV CODE

You will be enrolled to receive *sangha-e!*, Zen Center's monthly e-newsletter.

If you would prefer not to receive it, please check here.

Please contact me about:

- My employer's matching gift program
- Making an Annual Fund gift
- Remembering San Francisco Zen Center in my will
- Making a gift of stock or securities
- Volunteer opportunities at Zen Center

Please return this form to: San Francisco Zen Center, Attn: Membership, 300 Page Street, San Francisco, CA 94102
Membership contributions are tax-deductible to the extent allowable by law.