

JASC



Bridging Cultures Spanning Generations

Join the JASC for 2008 (to cover the period Jan. 1— Dec. 31 2008)

Member Information - please complete

Please Circle Title : Mr. Mrs. Ms. M/M

If membership is **Family or Special**, please list names and birthdates of all children 18 or under.

Name: _____

1) _____ DOB _____

Spouse's Name: _____

2) _____ DOB _____

Address _____

3) _____ DOB _____

4) _____ DOB _____

City/St/Zip: _____ / _____ / _____

Home phone: _____

E-mail: _____

I would like to receive community news and notifications of special events **via e-mail**.

JASC sometimes shares contact information with other non-profit organizations whose activities may be of interest to our members. **Please check the box** if you **do not** want JASC to share your contact information

Please check your age group Under 21 21—30 31—40 41—50 51—64 65 & older

Membership Categories — please check one

Regular Memberships

- Senior Citizen (age 65+) - \$45
- Senior Couple (age 65+) - \$80
- Student (full time college student) - \$35
- Individual (age 19+) - \$75
- Family (Incl. spouse + children 18 & under) - \$100

Special Memberships

- Friend (Incl. spouse + children 18 & under) - \$150
- Supporter (Incl. spouse + children 18 & under) - \$250
- Patron (Incl. spouse + children 18 & under) - \$500
- Benefactor (Incl. spouse + children 18 & under) - \$1,000

The JASC is a not-for-profit 501 (c)3 corporation. Memberships are deductible to the full extent permitted by law.

Additional Donation — I would like to make an additional donation of (please check)

\$25 \$50 \$75 \$100 other _____

My company will match my gift. Necessary information is enclosed

For more information about estate planning please check here

Payment Information — please complete

JASC Membership Total: \$ _____ JASC Donation Total: \$ _____ Total Amount: \$ _____

Charge my: Visa MasterCard Check enclosed (payable to JASC)

Card Number: _____

Mail to: Japanese American Service Committee
4427 N. Clark Street
Chicago, IL 60640

Expiration Date: _____

Card Holder's Name: _____
(please print)

773.275.0097
jascinfo@jasc-chicago.org
www.jasc-chicago.org

Signature: _____

For Office Use Only: check # _____ Date entered _____ initials _____