

Benefactor Membership Enrollment Form

Please print and return this form to:

The Franklin Institute, Development Department
222 North 20th Street, Philadelphia, PA 19103
For questions, call 215.448.1206 or email giving@fi.edu (do not email credit card information)

It is my desire to support ongoing science education programs at The Franklin Institute with a gift to the Benefactor Society at the following level:

President's Circle

- \$50,000 (all but \$3,613 is tax deductible)
- \$25,000 (all but \$3,091 is tax deductible)
- \$15,000 (all but \$1,669 is tax deductible)
- \$10,000 (all but \$1,517 is tax deductible)

Benefactor Leader

- \$5,000 (all but \$1,517 is tax deductible)

Benefactor Supporter

- \$3,000 (all but \$1,081 is tax deductible)

Benefactor Partner

- \$1,500 (all but \$876 is tax deductible)

- I wish to receive benefits (membership card, parking vouchers, etc.) associated with the category selected.
- I wish to waive benefits and receive full tax-deductibility for this gift.

Please acknowledge this gift to the following:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER/EMAIL: _____

Please list my name in the Annual Report and for any donor recognition purposes as:

LISTING: _____

- I wish to remain anonymous.
- My employer will match this gift; forms enclosed or to be submitted online.
- I am interested in including The Franklin Institute in my will or estate plans, or have already done so. Please send me more information on the Benjamin Franklin Legacy Society.

Payment information:

- A check, made payable to The Franklin Institute, is enclosed.
 - I would like to make a gift of securities via stock transfer. Please contact me with instructions.
 - Please charge my credit card. Visa MasterCard Discover American Express
 - Charge in total.
 - I would prefer to complete this gift over multiple payments. (First payment charged upon receipt. Subsequent payments charged on the last business day of the month. Credit card number, valid exp. date, and signature required.)
- Please select: 2 (bi-annually) 4 (quarterly) 12 (monthly)

Number: _____ Exp. Date: _____

Signature: _____