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WISDOM MEMBERSHIP FORM

WISDOM is a 501(c)3 Non-Profit Organization

Please complete the form and send along with your check made out to WISDOM to:

WISDOM
P.O. Box 525
Bloomfield Hills, Michigan 48303

Name: _____

Home Address: _____

City: _____

State, Zip _____

Telephone: Home _____

Work _____

Cell _____

E-mail Address: _____

Religious Affiliation/Denomination: * _____

Place of Worship: * _____

Membership Level: Please circle the level of membership you choose.

Full Time Student \$10 Individual \$25 Friend \$50 Sponsor \$100

Patron \$250 Visionary \$500 Other \$ _____

Check # _____

*** Optional**