

Invitational Membership Gift

Your name _____

New member's name _____

Phone _____ Evening phone _____

Street address _____

City _____ State _____ ZIP _____

E-mail _____

Today's date _____

Payment information

\$25 per Invitational Membership.

Total amount: \$ _____ Check enclosed _____

Visa/MasterCard #: _____

Exp. _____ / _____

Your signature for credit card:

Please return the form, completed and signed, with payment to: Swedish Cultural Center, 1920 Dexter Ave. N., Seattle, WA 98109.