

# Friends of the Galilee Music center Membership Enrollment Form

Contribution to the Galilee Music Center is tax deductible

Pearl     Bronze     Silver     Gold     Platinum     Diamond     Maestra

Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

May we contact you by email?  yes     No

## Payment options:

enclosed a check for ₪ \_\_\_\_\_ made payable to  
Galilee Music Center

Mail to: P.O. Box 10271, Rosh Pinna Israel.

Please bill my credit card for ₪ \_\_\_\_\_

MasterCard     Viza     Isracard

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Money transfer

Galilee Music Center

Bank Leumi

887

Account No. 200119/23

Please make receipt to \_\_\_\_\_

Name to be listed in programs: \_\_\_\_\_  I wish to remain anonymous.