Thank you for your interest in gifting a JACL membership! You will need to fill out both your info and that of who will receive the gift membership.

**GIFTEE INFORMATION**

THEIR Title:_________ THEIR First Name(s):________________________________________

THEIR Last Name(s):________________________________________ THEIR Suffix:__________

THEIR Street Address (required) :________________________________________________

THEIR City:_________________ THEIR State:______ THEIR Postal Code:____________

THEIR Email:_________________________________________ THEIR Phone:_____________

THEIR Birth Year (optional):_________ THEIR Gender (optional):____________________

**GIFTEE MEMBERSHIP INFORMATION**

☐ □ *Student/Youth (1 Year): $30  ☐ □ *Reg/Individual (1 Year): $65
☐ □ *Student/Youth (2 Years - $5 off regular price): $55  ☐ □ *Reg/Individual (2 Years - $5 off regular price): $125
☐ □ *Student/Youth (3 Years - $10 off regular price): $80  ☐ □ *Reg/Individual (3 Years - $10 off regular price): $185
☐ □ *Couple/Family (1 Year): $110  ☐ □ *Thousand Club Life (5% off regular price): $2,850
☐ □ *Couple/Family (2 Years - $5 off regular price): $215  ☐ □ *Century Club Life (5% off regular price): $4,750
☐ □ *Couple/Family (3 Years - $10 off regular price): $320  ☐ □ *Additional Gift in Giftee's Name: $____

Choose THEIR version of the Pacific Citizen newspaper (a member benefit):

Print (add $17): ☐  Digital (Free - PLEASE provide their email): ☐

THEIR JACL Chapter:_______________ Your Relationship To Them:_______________

Special Message to Giftee:____________________________________________________

____________________________________________________________________________

*Do you wish to remain anonymous?:  ☐ YES ☐ NO

**PAYMENT INFORMATION**

**TOTAL $____________**  (Membership Dues + Pacific Citizen + Additional Donation)

I have enclosed a check to “JACL” for the amount above ☐

Please charge my Credit Card ☐

*My credit card type:  Visa ☐  MC ☐  AmEx ☐  Disc. ☐

Card Number:________________________________________ Expires:___________ Code:________

Name on card________________________________________ Phone:________________________

Billing Address:_________________________________________________________________

FOLD AND MAIL FORM IN RETURN ENVELOPE TO: JACL Membership, 1765 Sutter Street, San Francisco, CA, 94115