

# Mario Lanza Institute

## Associate Membership Application

**I have reviewed the Associate Member levels and would like to enroll at the following level:**

Basic (\$20)  Donor (\$100)  
 Contributor (\$50)  Benefactor (\$150)  
 Sponsor (\$75)  Patron (\$250)  
 Golden Circle (\$500)

I have enclosed my check made payable to Mario Lanza Institute  
 I want my contribution to go further so I am declining all benefits and goods  
 My company will match my gift in the amount of \$ \_\_\_\_\_  
 I have enclosed my company's matching gift application

Name: .....

Address: .....

City: ..... State: ..... Zip Code: .....

Country: .....

Telephone No.: ..... E-Mail: .....

Please print out this page and include it with your check. Mail to:

Mario Lanza Institute  
P.O. Box 54624  
Philadelphia, PA 19148-0624

**Payments from outside the USA should be by check or money order  
in US funds drawn on an American bank**