

Indigenous Language Institute Membership Form

Yes! I will support ILI to assist community based indigenous language revitalization!

Name _____
Address _____
City, State, Postal/Zip Code _____
Telephone _____
E-mail _____

This gift is in honor of in memory of _____
This is a **Gift Membership** for _____

Acknowledge to

Name _____
Address _____
City, State, Postal/Zip Code _____

Membership Levels

- | | | |
|--|--|--|
| <input type="checkbox"/> Founder: \$10,000 | <input type="checkbox"/> Revitalization: \$1,000 | <input type="checkbox"/> Community: \$100 |
| <input type="checkbox"/> Patron: \$5,000 | <input type="checkbox"/> Preservation: \$500 | <input type="checkbox"/> Family: \$50 |
| <input type="checkbox"/> Perpetuation \$2,500 | <input type="checkbox"/> Institution: \$250 | <input type="checkbox"/> Individual: \$25 |
| <input type="checkbox"/> I wish to contribute \$ _____ but not become a member at this time. | | |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Check (please do not send cash) |

Credit Card Number _____
Expiry Date _____
Signature _____

All contributions are tax deductible. ILI acknowledges all gifts in its annual report unless otherwise requested.

Please fax this form to ILI at 505/820-0316 or make check payable to ILI and mail to:

Indigenous Language Institute
P.O. Box 5340
Santa Fe, NM 87502