

| Please com | plete ar | nd return | this | form | with | your |
|-------------|----------|-----------|------|------|------|------|
| enclosed gi | ft pavm | ent. | | | | • |

| O Individual - \$59 | O Grandparent - \$115 | O Curator - \$325 | | | |
|--|--------------------------------|------------------------|--|--|--|
| O Individual Plus - \$99 | O Family Plus - \$139 | O Director - \$500 | | | |
| O Individual Explorer - \$149 | O Family Explorer - \$199 | O Benefactor - \$1,000 | | | |
| • Family - \$115 | | | | | |
| Gift Recipient Infor | mation: | | | | |
| Is this a new membership? | OYes ONo | | | | |
| If no, please provide member Please list adults to be covered 1 for individual plans, 2 for high | under membership | | | | |
| 1st Adult: O Mr. O Mrs. O N | As. O Miss | | | | |
| First Name | Last Name | | | | |
| 2nd Adult: O Mr. O Mrs. O | Ms. O Miss | | | | |
| First Name | Last Name | | | | |
| Number of children age 18 ar of grandchildren 18 and unde | | nousehold) or number | | | |
| Address: | | | | | |
| City: | State:Zip | o: | | | |
| Daytime Telephone: | | | | | |
| Email: | | | | | |
| Magazines will be emailed to | recipient in digital format, ι | unless | | | |
| otherwise specified. O Mail | ○ Email | | | | |
| Gift Giver Informati | on: | | | | |
| First Name | Last Name | | | | |
| Address: | | | | | |
| City: | State:Zip | o: | | | |
| Daytime Telephone: | | | | | |
| Email: | | | | | |
| O Mail gift notification to me Send renewal notices to: O | | | | | |
| Enclose this applica | ation with paymer | nt and | | | |
| mail to the address | below: | | | | |
| Amount enclosed \$ | | | | | |
| O Check # | | | | | |
| Charge: O VISA O Master | Card | | | | |
| Account # | Ехр [| Date | | | |
| Signature | | | | | |

Riverbanks Society, 500 Wildlife Pkwy, Columbia SC 29210

For more information about membership visit www.riverbanks.org or call 803.779.8717.