

# GIFT MEMBERSHIP FORM



**Osher Lifelong Learning Institute**  
**at University Center**  
 (605) 782-3209 or 367-5226

## How did you find out about OLLI?

Friend/Family Members Who: \_\_\_\_\_

Print Advertisement/Article  
 Which  
 publication(s): \_\_\_\_\_

Please fill out the sections below. A gift certificate will be sent to you to give to your recipient.

Today's Date: \_\_\_\_\_

Your First Name:		Your Last Name:	
Your Address: (Street Address, City, State, ZIP)			
Home Ph.:	Cell Ph.:	Email:	

Recipient's First Name:		Recipient's Last Name:	
Recipient's Address: (Street Address, City, State, ZIP)			
Recipient's Home Ph.:		Recipient's Cell Ph.:	
Recipient's Email:			

### Complete here for payment:

<b>\$170</b>	Full-Year Membership Fee - Sioux Falls area member
<b>\$120</b>	Full-Year Membership Fee - Vermillion or Brookings area member
<b>\$70</b>	One-Term" Membership Fee - Sioux Falls area member
<b>\$60</b>	One Term Membership Fee - Vermillion or Brookings area member
<b>\$20</b>	One Term Membership Fee - Chamberlain area member or <b>other location:</b>
	+ Optional Tax Deductible Contribution to OLLI (Thank You!)
<b>\$</b>	<b>Total</b> (Please make checks payable to USD-OLLI)
Please charge my: (Please check one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Card Number:	Exp Date:
Cardholder Signature:	



Please mail completed form to:  
 OLLI at University Center  
 4801 Career Ave  
 Sioux Falls, SD 57107

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 Membership fees are non-refundable