



Final Exit Network
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GIFT MEMBERSHIP

Complete this form and mail to the above address

Recipient First Name: _____

Recipient Last Name: _____

Recipient Address: _____

Recipient City: _____ State: _____ Zip: _____

Recipient Phone: _____

Recipient Email: _____

Your First Name: _____

Your Last Name: _____

Your Address: _____

Your City: _____

(over)

Your Billing Address (if credit card charge) _____

Your Email: _____

Your Phone: _____

Gift Membership Level:

\$ 50 annual individual

\$75 annual couple

\$ 500 lifetime individual

\$750 lifetime couple

Check here to authorize FEN to renew your gift annual membership automatically when it expires using the payment information provided.

Additional donation \$ _____

PAYMENT: Check Visa Mastercard Amex

Total donation to support end-of-life choices: \$ _____

Credit Card #: _____

Expiration Date (MM/YY): _____ CVV Code: _____

Signature (required): _____

Communication Preferences (please select your recipient's mailing preferences)

Please keep all communications electronic

I would still like paper communications

Final Exit Network is a 501(c)3 organization. Your membership and/or donation is tax deductible to the fullest extent allowable by law. EIN #80-0119137.