

**YES! I WOULD LIKE TO BECOME A FRIEND OF THE FRIENDS FOR ONLY
\$100!**

Name: _____

Organization: _____

Email Address: _____

Telephone Number: _____

If you choose to do so, indicate the name of the individual you would like to honor:

Organization: _____

Email: _____

If you choose to do so, indicate the name of the individual in whose memory you are honoring:

Former Organization: _____

Payment Method (check one):

_____ VISA _____ MasterCard _____ Check

Name on card: _____

Card Number: _____

Expiration Date: _____ **CVV:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

If you prefer, print off a copy of this form, complete, and return with credit card information OR check made payable to FNINR.

Mail to FNINR at 47595 Watkins Island Square, Sterling, VA 20165