



*Clements Library Associates*  
**Gift Membership Form**

I would like to purchase a Gift Membership for:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please indicate the amount of your gift membership:

\$50      \$75      \$100      \$125      Other: \$ \_\_\_\_\_

**This gift is from:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gift Message:

Please make checks payable to **William L. Clements Library**.

For credit card charge, please complete the following:

M/C      Visa      American Express      Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return form to:

**William L. Clements Library,**  
909 South University Ave.  
Ann Arbor, MI 48109-1190

or scan form and send to [abhelber@umich.edu](mailto:abhelber@umich.edu). Any questions, please contact Anne at 734-647-0864. *Thank you for your support.*