



Partners for Sacred Places

Membership Form

Basic Level for a Congregation \$100

(Name of Congregation)

(Name of contact person)

(Street)

(City)

(State)

(zip code)

(Email)

(Phone)

Please check payable to Partners for Sacred Places
1700 Sansom Street, 10th Floor
Philadelphia, PA 19103

Please use my credit card: VISA MasterCard

Credit card # _____

Expiration date: _____

Name on card: _____

Signature: _____

Please send me information about the New Dollars/New Partners training program for congregations.