



Deutsches Haus
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<http://www.deutscheshaus.org>



**LIFE MEMBERSHIP
REQUEST**

Please enroll me as a Life Member of **Deutsches Haus**.

I agree to pay \$1000.00, payable as follows:

Single Payment 2 Payments of \$500

All payments must be completed within one year of application.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Signature

Payment Info: Amount \$ _____ Check # _____ Dated _____ | Cash

Credit Card: Number _____ Exp Date _____

Deutsches Haus is a Public Charity as defined in the Internal Revenue Code Section 501 (c) (3).

All donations are tax deductible to the fullest extent of the law. Consult your tax advisor.