

Friends of the Silva Center

Name(s) _____

Address _____

City, State, Zip _____

Telephone(s) or Email _____

- ☐ **Basic Membership (\$45 individual, \$60 family)**
- ☐ **Sustaining Membership (\$200)**
- ☐ **Lifetime Membership (\$5,000 one-time gift or pledge \$1,000/year for five years)**

All Members will be acknowledged online, receive updates about progress and projects in the *Silva Center*, and be invited to an annual gathering to share ideas and meet current staff and visitors.

- ☐ This gift is ____ in honor of / ____ in memory of _____
- ☐ My or my spouse's employer will match this gift. (Please enclose company form.)
- ☐ Please send me information about including the Herbarium in my will.

*Please make your check payable to **UC Berkeley Foundation** or charge your gift.*

Amount enclosed \$ _____		Check number _____
_____ Visa	_____ Mastercard	Exp. Date _____
Account # _____		
Signature _____		

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