



SAINT ANDREW'S SOCIETY
OF THE STATE OF NEW YORK

Est. 1756

Application for Sibling, Child, Grandchild or Parent of a Member

Name of Gift Recipient _____

Date of Birth _____ (*must be 18 or over*)

Address _____

Home Phone _____ Mobile Phone _____

Email Address _____

Name of Member Sponsor _____

Relationship to Sponsor

Sibling _____ Child _____ Grandchild _____ Parent _____

☐ Check in the amount of _____ enclosed

(made payable to Saint Andrew's Society of the State of New York)

☐ Please charge my credit/debit card _____

Name on card _____

Card # _____ 3 or 4 Digit CCV _____

Expiration Date _____ Billing Zip Code _____

Please mail completed form along with payment to:
Saint Andrew's Society of the State of New York
150 East 55th Street, 3rd Floor, NY, NY 10022