



## 2017 Gift Membership Form

### RECIPIENT INFORMATION

Dr.  Prof.  Mr.  Mrs.  Ms.  Other

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

### GIVER INFORMATION

GIFT GIVER NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

### MEMBERSHIP DUES

#### Membership Options

- Regular Membership ..... \$100
- Reduced (students, seniors 70 and over, and members earning less than \$50,000 a year) ..... \$50
- Premium Membership ..... \$150

I DO NOT wish to have my contact information released outside of the ALSCW.

I DO NOT wish to have my name published on the ALSCW website, in the ALSCW newsletter, or in ALSCW fundraising reports to recognize my support.

The Association of Literary Scholars, Critics, and Writers is a nonprofit, 501(c)(3) corporation under the laws of the State of California. Your gift is tax deductible in accordance with Internal Revenue Service regulations. Thank you for your support!

For more information, please contact us by calling (202) 319-5650 or by writing to [ALSCW@cua.edu](mailto:ALSCW@cua.edu).

**TOTAL CONTRIBUTION** \_\_\_\_\_

\$

I would like to pay by  Visa  Mastercard  Discover  
 American Express  Check\*

**CREDIT CARD NUMBER** \_\_\_\_\_  
\_\_\_\_\_

**EXPIRATION DATE** \_\_\_\_\_ / \_\_\_\_\_ **CVV2 NUMBER** \_\_\_\_\_

**AUTHORIZING SIGNATURE** \_\_\_\_\_  
\_\_\_\_\_

Send checks to Oxford University Press, Journals Customer Service Dept., 2001 Evans Rd, Cary, NC 27513. Indicate "membership to ALSCW/subscription to Literary Imagination" on memo line.