



2018 Gift Membership Form

RECIPIENT INFORMATION

Dr. Prof. Mr. Mrs. Ms. Other

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GIVER INFORMATION

GIFT GIVER NAME _____

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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.

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

TOTAL CONTRIBUTION

\$

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

CREDIT CARD NUMBER

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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.