



Donation Form

DONOR INFORMATION		GIFT OPTIONS	
<input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other		Donation Amount <input type="text"/>	
DONOR NAME <input type="text"/>		* Donations of \$500 or more will receive a broadside	
ADDRESS LINE 1 <input type="text"/>		* Join the Circle of Friends by pledging to give \$1000 a year for three years	
ADDRESS LINE 2 <input type="text"/>		I would like to pay by <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Check *	
CITY <input type="text"/> STATE/PROVINCE <input type="text"/> ADDRESS <input type="text"/>		Credit Card Number <input type="text"/>	
POSTAL CODE <input type="text"/> COUNTRY <input type="text"/>		Expiration Date <input type="text"/> CVV2 Number <input type="text"/>	
WORK PHONE <input type="text"/>		Authorizing Signature <input type="text"/>	
HOME PHONE <input type="text"/>		* Please make checks out to the ALSCW and indicate "donation" on the memo line.	
E-MAIL ADDRESS <input type="text"/>		Mail this form and payment to: ALSCW Marist Annex The Catholic University of America 620 Michigan AV NE Washington, DC 20064	

☐ 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, 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.