



## 2023 Gift Membership Form

### RECIPIENT INFORMATION

☐ Dr. ☐ Prof. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

RECIPIENT NAME

ADDRESS LINE 1

ADDRESS LINE 2



CITY

STATE/PROVINCE



POSTAL CODE

COUNTRY

WORK PHONE

HOME PHONE

E-MAIL ADDRESS

### GIVER INFORMATION

☐ Dr. ☐ Prof. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

GIVER NAME

ADDRESS LINE 1

ADDRESS LINE 2



CITY

STATE/PROVINCE



POSTAL CODE

COUNTRY

WORK PHONE

HOME PHONE

E-MAIL ADDRESS

### MEMBERSHIP DUES

#### Membership Options

- ☐ First Year Membership ..... \$52
- ☐ Regular Membership ..... \$113
- ☐ Reduced ..... \$52  
(students, seniors 70 and over, and members  
earning less than \$50,000 a year)
- ☐ Premium Membership ..... \$155

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

Credit Card Number

Expiration Date

CVV2 Number



Authorizing Signature

☐ 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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