



Gift Membership Request Form

Gift Giver's Name:

Gift Giver's Address:

Gift Giver's Email:

Gift Giver's Phone:

Gift Giver's Organization (optional):

Please fill in all known fields for your recipient. If your recipient is currently a student, please indicate so in their Organization field.

Recipient's Name:

Recipient's Address:

Recipient's Email:

Recipient's Phone:

Recipient's Organization (optional):

Please return form to membership@collegebookart.org and we will contact you regarding payment. Thank you for your generosity!

Please write a message for your recipient (this will be included in an email notifying your recipient of their gift):