

# 2010-2011 SEASON | SUBSCRIPTION ORDER

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
E-mail Address

**Referred By** – I was referred to become a Season Subscriber by:

\_\_\_\_\_

## Additional Information

For contributions of \$100 and greater, please list my name on the website as \_\_\_\_\_

Wheelchair or other special seating required \_\_\_\_\_  
\_\_\_\_\_

For Office Use Only

CHG DATE \_\_\_\_\_ DB \_\_\_\_\_

CHK DATE / # \_\_\_\_\_

**Literary Arts Series** # \_\_\_\_ × **\$180** = \$ \_\_\_\_\_  
(Norris, McGuane, Edwards, Bloom, McMillan, Spiegelman)

**Literary Arts Series** # \_\_\_\_ × **\$210** = \$ \_\_\_\_\_  
**+ Special Event** (Ross)

**Subscription Handling Fee (required)**  
\$5 per subscription # \_\_\_\_ × **\$5** = \$ \_\_\_\_\_

**Tax Deductible Donation (optional)** \$ \_\_\_\_\_

**GRAND TOTAL** \$ \_\_\_\_\_

## Payment – All Sales Are Final

Check made payable to California Lectures, Inc.

Charge to: \_\_\_\_ VISA \_\_\_\_ MasterCard

Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return order form with payment to:

**California Lectures, Inc.**  
**P.O. Box 160345, Sacramento, CA 95816**  
**(916) 737-1333 Fax | (916) 737-1300 Phone**  
**info@californialectures.org**

If faxing your order, please call or email to confirm we have received your order form.