

# BOOK-OF-THE MONTH CLUB SUBSCRIPTION FORM

## GIFT SUBSCRIBER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit card number: # \_\_\_\_\_ Expires: \_\_\_\_\_

## GIFT RECIPIENT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If child, please list birthday: Month: Day: Year:

Suggestions/requests:

Start date: Month: Year:

End date: Month: Year:

Frequency:  Monthly  
 Bi-monthly  
 Quarterly  
 Annually

First gift note:

Subsequent gift note: