

If you want to receive *The Reporter*, please let us know even if you can't contribute.

OLOC Subscriber/Supporter Form

Lesbians 60 and over: We urge you to subscribe to *The Reporter* as an expression of your commitment to be with Old Lesbians in your own area, working to confront ageism. If no such group exists, become an OLOC Contact Lesbian and work with a mentor to start a local chapter. If you are not yet 60, we welcome you as a Supporter. By giving OLOC your generous financial contribution you can show your commitment to and support for challenging ageism.

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> I am (we are) 60 or over and wish to subscribe or renew my (our) current subscription to <i>The Reporter</i> . \$25 to \$50 for a one-year subscription. | <input type="checkbox"/> I'm (we're) already listed in the <i>TD</i> and the contact information is correct. |
| <input type="checkbox"/> I (we) want to receive <i>The Reporter</i> but I (we) can contribute only \$ _____ | <input type="checkbox"/> I (we) want to be added to the <i>Travel Directory</i> listings. |
| <input type="checkbox"/> I am (we are) not yet 60 but want to Support OLOC. Enclosed is \$30 to \$60 for a one-year subscription to <i>The Reporter</i> . | <input type="checkbox"/> I (we) want to purchase the <i>Travel Directory</i> . Enclosed is \$5 for costs. |
| <input type="checkbox"/> I (we) want to keep OLOC alive and strong. Please accept my (our) tax-deductible contribution of \$_____ or my (our) pledge of \$_____ / month. | <input type="checkbox"/> I (we) want to receive an electronic copy of the <i>Travel Directory</i> (PDF) instead of a paper copy. |
| <input type="checkbox"/> I (we) would like to give a \$25 gift subscription to the name(s) listed below. | |
| <input type="checkbox"/> Please send a sample of <i>The Reporter</i> to the name(s) listed below. | |

Travel Directory

OLOC Endowment

An additional way to help OLOC grow is through the OLOC Endowment. It was created to receive bequests from OLOC Subscribers and Supporters. A copy of the OLOC Endowment brochure is available by calling 888-706-7506 or by e-mailing info@oloc.org.

Date of birth enables us to keep accurate Subscriber/Supporter records for grants and other purposes. Your ethnicity and disability status is requested as part of our ongoing awareness of and commitment to diversity. OLOC's mailing lists are for OLOC's use and not available to any other persons or organizations.

Name _____ **Additional Name** _____

Date of Birth _____ **Additional Date of Birth** _____

Ethnicity _____ **Ethnicity** _____

Disability _____ **Disability** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Out of United States? If so, additional address: _____

Telephone(s) _____ / _____

E-mail(s) _____ / _____

New Subscription **or Renewal** **May we send you an occasional e-mail?** **Yes** **No**

I prefer: a print copy via U.S. Mail _____ **or a PDF via e-mail** _____

Skills you can offer OLOC: _____