



**LIBRARY PUBLIC ACCESS SUBSCRIPTION FORM**

(For libraries that intend to make Connecticut Grantmakers Online available to library patrons according to the terms of the Connecticut Grantmakers Online Library Public Access Agreement)

**Contact Information** (please print clearly)

Login Name: \_\_\_\_\_ Password: \_\_\_\_\_  
(Both the login name and password must be 5-20 characters using only letters and numbers with no spaces.)

Password Reminder: \_\_\_\_\_

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

Library: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Annual Subscription Options** (choose one of the three options below): *CGO subscriptions are non-refundable.*

Connecticut Grantmakers Online Nonprofit Discount:

- Single User - \$140       Up to 3 Users - \$280       Up to 6 Users - \$560

Please fill in your organization's Federal ID Number to receive the discount: \_\_\_\_\_

**Payment Information**

- Check (enclosed and made payable to "Connecticut Council for Philanthropy")     Credit Card (select one): \_\_ Visa \_\_ MasterCard

Billing information for credit card orders as it appears on your statement:

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

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (MM/YY)

Signature: \_\_\_\_\_

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

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

**Mail (credit card or check) or fax (credit card) your completed form and payment to:**

Connecticut Council for Philanthropy, 221 Main Street, Hartford, CT 06106; fax 860-525-0436

**By completing this form and sending it in with my payment, I indicate that I have read and agree to the terms and conditions of the Connecticut Grantmakers Online Library Public Access Agreement.**

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

Name (please print) : \_\_\_\_\_

Title: \_\_\_\_\_