

NARSOL *The Digest* Mail-in Subscription Form

I. Incarcerated Printed *Digest* subscription

If subscribing as a **non-Incarcerated** person, please go to the **non-Incarcerated** Printed *Digest* section below.

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|-----------------------------|--------------------------|---|-----------|
| 1. Choose your Subscription | <input type="checkbox"/> | Incarcerated Subscriber (1 year 6 issues) | - \$12.00 |
| | <input type="checkbox"/> | Incarcerated Subscriber (2 years 12 issues) | - \$20.00 |
| | <input type="checkbox"/> | Incarcerated Subscriber (3 years 18 issues) | - \$27.00 |
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When you subscribe to ***The Digest*** for an incarcerated person, we send both the newsletter and correspondence, i.e., renewal notices, etc., to the incarcerated person. Consequently, we need addresses for where the incarcerated person receives newsletters/magazines and the address where they receive letter mail.

2. Please provide us with the incarcerated person's contact details and [Newsletter/Magazine mailing address](#).

Full Name: _____ Incarcerated ID Number #: _____

Facility Name: _____

Digest Mailing Address: _____

City: _____ State: _____ Zip: _____

3. Please provide us with the incarcerated person's [Letter mailing address](#) – **ONLY IF** it is different from the Newsletter address.

Letter Mailing Address: _____

City: _____ State: _____ Zip: _____

I was referred by: Full Name: _____ Incarcerated ID Number #: _____

II. non-Incarcerated Printed *Digest* subscription

If you are subscribing as an **Incarcerated** person, please go to the **Incarcerated** Printed *Digest* section above.

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|-----------------------------|--------------------------|---|-----------|
| 1. Choose your Subscription | <input type="checkbox"/> | non-Incarcerated Subscriber (1 year 6 issues) | - \$15.00 |
| | <input type="checkbox"/> | non-Incarcerated Subscriber (2 years 12 issues) | - \$27.00 |
| | <input type="checkbox"/> | non-Incarcerated Subscriber (3 years 18 issues) | - \$38.00 |
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2. Please provide us with the subscriber's contact details and [Digest mailing address](#).

Full Name: _____

Digest Mailing Address: _____

City: _____ State: _____ Zip: _____

III. Payment / Misc.

Make your check (**no cash, please**) payable to Vivante Espero and return it to:

VIVANTE ESPERO PO BOX 36123 ALBUQUERQUE NM 87176-6123

For incarcerated persons, if your institution issues a check from your trust account, please complete the application form, and have the check issued/payable to [Vivante Espero](#)⁽¹⁾. You may also send this form to a loved one and ask that person to remit the payment on your behalf.

⁽¹⁾[Vivante Espero](#) is NARSOL's 501(c)(3) foundation.

Donation (optional)

I wish to make a one-time donation to help provide *Digest* copies to indigent incarcerated persons of \$ _____

I am renewing my subscription.