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_____ requests a waiver of the 2020 Membership Subscription.

Name of Institution

Waiver requested by:

| Title | First Name | Last Name |
|-------|------------|-----------|
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Position at Institution

| | |
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| Email | Phone |
|-------|-------|

Reason for waiver request:

Optional Donation (*in lieu of membership subscription*)

Scholars at Risk welcomes donations of all sizes from its members.
Donations can be made by:

- Check payable to “*Scholars at Risk*”
- Credit card: Visit www.scholarsatrisk.org.
- Wire transfer: Contact SAR for instructions.

Signature

Institution’s President, Provost, or Equivalent

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