

OWHLternative Publications Collection Donation Form

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Biographical Information

Your Name:

Today's Date:

Class Year (if applicable) or position in PA Community:

If this zine was created for a particular event or class, list here:

Publication Information

Title:

Display name (if you would like to remain anonymous):

Description of content:

Number of pages:

Permissions*

___ OWHL may make copies of my publication for the community to take

___ OWHL may display my publication in the OWHLternative Publications Collection or elsewhere

___ OWHL may digitize my publication

Signature:_____

*Note that the OWHL reserves the right to remove publications from the collection at any time, and that they may not be returned to the author.