

The Marian Sutherland Kirby Library's Annual Fund Drive

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

IN SUPPORT OF THE ANNUAL FUND DRIVE, ENCLOSED IS A TAX DEDUCTABLE GIFT IN THE AMOUNT OF \$ _____

Type of Payment: Check ___ Credit Card - VISA ___ Discover ___

Credit Card Number _____ Exp. Date _____

___ PLUS MATCHING GIFT

If your employer or that of your spouse participates in a matching gift program, please check here and complete the information to the right.

EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

___ I have included the Marian Sutherland Kirby Library in my will.

___ I would like more information regarding memorial gifts, endowments, and other ways in which I can become a benefactor.