

WEST HAVEN LIBRARY ANNUAL APPEAL

Name(s) _____

Street Address _____ City/state _____ Zip _____

E-Mail Address _____

Do you wish to remain anonymous in the acknowledgements? Yes ___ No ___

Enter the name of the honoree if this is a memorial donation _____

I am enclosing my gift of:

- Benefactor - \$500+ Partner - \$250-\$499 Patron - \$100-249 Book Club \$75-\$99
 Reader Club \$74- \$50 Sponsor \$49-\$25 Donor \$24 or less Other \$ _____

Payment Information:

Check made payable to: West Haven Public Library

Credit Card: Visa MasterCard

Card Number _____ Exp. Date _____

Card ID _____ (3) numbers found on the back of your card

Signature _____ Date _____

You may fill out this form and bring to Library, complete On-Line or mail with payment.

Does your employer's have a matching gifts form?

Should we contact you regarding including the Library in your estate planning?

Mail your contribution or pledge to:

West Haven Public Library
300 Elm St
West Haven, CT 06516
PHONE (203) 937-4233
FAX (203) 937-4223

- The Village Improvement Association is a registered 501©(3) nonprofit organization.
- Gifts are fully deductible under current federal tax regulations.