



Peninsula Library Foundation Supporting Peninsula Library & Historical Society

I would like to contribute to the Peninsula Library Foundation. Enclosed is my contribution of:

\$10.00

\$100.00

Other

\$25.00

\$250.00

\$50.00

\$500.00

\$75.00

\$1,000.00

I pledge to give this contribution to the Peninsula Library Foundation annually.

Make checks payable to: Peninsula Library Foundation, PO Box 292, Peninsula, Ohio 44264

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone \_\_\_\_\_

I wish to keep my contribution confidential. DO NOT add my name to the public list of donors.

I wish to have my contribution made in the name of the following individual to appear on the list of donors: \_\_\_\_\_

I would like to help by donating my time to the Foundation.

I wish to know more about the Foundation. Please contact me.

Please print and return this form to Peninsula Library by hand or mail.