



**Yes, I want to be a  
Friend of the Library!**

Please record my contribution as follows: *(please print)*

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Telephone \_\_\_\_\_

- Supporter      \$100+      (8 cards)
- Family      \$50 - \$99      (4 cards)
- Joint      \$35 - \$49      (2 cards)
- Individual      \$25 - \$34      (1 card)

*(Your gift is based on the calendar year.)*

My company has a Matching Gift Plan - I have completed and enclosed the appropriate form.

Please credit my contribution to Central Library or \_\_\_\_\_ Library Branch.

I wish to pay by credit card (**Visa or MasterCard only**)

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_

Please make checks payable to *IMCPL Foundation, Inc.*

If you have any questions, call the Foundation office at 317/275-4700.

To become a Friend of the Library, please print and complete this form and mail to:  
Indianapolis-Marion County Public Library Foundation  
Post Office Box 6134  
Indianapolis, IN 46206-6134

*The Indianapolis-Marion County Public Library Foundation, Inc. is a 501(c)(3) organization and  
your contribution is tax deductible as provided by state and federal laws.*