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-- for us all }

I WANT TO SUPPORT **LEARNING FOR A LIFETIME AT MY LIBRARY.**

I WANT OUR LIBRARY TO OFFER THE PROGRAMS AND SERVICES THAT WILL HELP INDIVIDUALS AND OUR COMMUNITY THRIVE.

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Please check all that apply:

I am making a tax deductible donation of:

- \$500 (name on a 1" book tile) \$250 (name on a bookshelf)
 \$100 (name on a bookplate and Friends of the Library card) \$50 (name on a bookplate)
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Please direct my gift to:

- Early Childhood Literacy Lifelong Learning Cultural and Community

Programming

- Area with the most urgent need
 I would like to receive information about making a planned gift. Please contact me.
 I am interested in being a Library advocate. Please contact me.

Enclosed you will find my check payable to IMCPL Foundation for \$_____

Please bill my credit card:

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Account Number: _____ Expiration Date _____

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Please print, fill out, and send this form to:

**INDIANAPOLIS-MARION COUNTY PUBLIC
LIBRARY FOUNDATION
PO BOX 6134
INDIANAPOLIS IN 46206-6134**

Thank you.