

Tribute Gifts

I/We would like this gift to be

in honor of in memory of the following individual(s)

NAME _____

We are pleased to notify the following individual(s) of your generosity. The amount of your gift will remain confidential.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

fold here

(over)

If you have any questions, please call Laura Stone at (847) 244-5150 ext. 3059 or send an email to lstone@wnpl.info.

EMAIL ADDRESS _____

PHONE _____

CITY, STATE, ZIP _____

ADDRESS _____

ORGANIZATION _____

NAME _____

Matching Gifts

My company: _____, will match my gift.

Planned Giving

Please contact me to discuss how I can remember the Warren-Newport Public Library in my will.

Thank you for your contribution.

Please return this form and payment to:

Laura Stone, Administrative Fundraising Assistant
Warren-Newport Public Library District
924 North O'Plaine Road, Gurnee, Illinois 60031.
Call 847-244-5150 ext. 3059 if you have any questions.

SIGNATURE _____

EXPIRATION DATE _____

CARD NUMBER _____

NAME ON CARD _____

VISA MASTERCARD

Please charge my gift to my credit card:

Enclosed is a check payable to Warren-Newport Public Library (or give online - Visit www.wnpl.info and click Support)
 We wish my gift to remain anonymous
Yes, I would like to make a gift of _____ \$ \$1,000 \$500 \$100 \$50
 Yes, I would like to make a gift of _____ \$ \$1,000 \$500 \$100 \$50

cut here to make a bookmark

fold here



Warren-Newport

Public Library District