



## Peninsula Library Foundation

### Supporting Peninsula Library & Historical Society

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

- |                                  |                                     |                                      |
|----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$10.00 | <input type="checkbox"/> \$100.00   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$250.00   |                                      |
| <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$500.00   |                                      |
| <input type="checkbox"/> \$75.00 | <input type="checkbox"/> \$1,000.00 |                                      |

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

*Make checks payable to: Peninsula Library Foundation, PO Box 333, 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.*