



**A Gift In Memory or In Honor of**

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

**Donor Information** (as it will appear on all acknowledgments)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Gift Amount & Fund** (Giftplate will be included in the material purchased)

Gift of \$\_\_\_\_\_

Please send acknowledgment to the honoree or family member listed

Name(s): \_\_\_\_\_

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

Suggestion (title, author, subject) and/or special interest.

**Gift Payment**

My check is enclosed payable to: Wood County District Public Library Foundation

Please charge my credit card (Visa, MasterCard, or AmEx)

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail this form with your check or credit card information to:

WCDPL Foundation  
251 North Main Street  
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