

#GIVINGTUESDAY

December 3, 2019

FRIENDS of the CROWN POINT LIBRARY

Date: _____

ENCLOSED IS MY GIFT OF: \$10 \$25 \$50 \$100 Other: _____

DONOR ACKNOWLEDGEMENT (PLEASE PRINT) :

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email Address: _____

PAYMENT INFORMATION

My check is enclosed (payable to Friends of the Crown Point Library)

Please charge my credit card: Visa MC AMEX Discover

Name on card: _____

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

Signature: _____

Please return to:

Crown Point
Community Library
122 N. Main Street,
Crown Point, IN 46307
Attn: FRIENDS

*Your generous contribution
is tax-deductible to the
full extent allowable by law.
A receipt will be mailed to
you. Thank you.*

For more information:

crownpointlibrary.org/give
Email:
cpclfriends@gmail.com
Call: (219) 306-4599

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