

YES! I want to support the future of MY LIBRARY.

Date:	
ENCLOSED IS MY GIFT OF:	
□\$10 □\$25 □\$50 □\$100 □\$250 □\$500 □Other:	Gifts of \$100 and above are prominently
□ Make my gift monthly*. (Your gift will renew automatically until you request termination.	displayed on the Library's Donor Wall according to gift level.
*Requires Paypal account.)	Gift Levels & Recognition
My company will match my gift	\$10,000 & aboveRuby Level/ Naming Opportunities
	\$5,000 & aboveEmerald Level
GIFT DESIGNATION:	\$1,000 & aboveGold Level
Use my gift where it is needed most.	\$500 & aboveSilver Level \$100 & aboveBronze Level
My gift is an Honor/Memorial to:	
DONOR ACKNOWLEDGEMENT (PLEASE PRINT):	
Name:	
Address:	
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Phone:	
Email Address:	
I prefer my gift to remain anonymous.	
Send me information on how I can include the Library in my Will or Trust.	
Yes, I'd like to receive email updates from the Library.	
 PAYMENT INFORMATION My check is enclosed (made payable to Crown Point Community Library) Please charge my credit card: 	Please return to: Crown Point Community Library 122 N. Main Street, Crown Point, Indiana 46307 Attn: Library Giving
🗖 Visa 🗖 Mastercard 🗖 American Express 🗖 Discover	Your generous contribution is tax-deductible to the
Name on card:	full extent allowable by law. A receipt will be mailed to you.
Credit Card Number:	Thank you.
Expiration Date: CVV Code:	For more information:
Signature:	Visit: crownpointlibrary.org/give Email: giving@crownpointlibrary.org Call: (219) 306-4599