



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: _____

Yes, I would like to receive the Library's newsletter and updates by email.

Payment Information:

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

Please charge my credit card: Visa MC AMEX Discover

To make a donation online: Visit: <https://crownpointlibrary.org/about/library-friends/>

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.