

Please count me as a Friend of the Public Library at the following level:

- \$1000 \$500 \$250 \$150 \$100 \$50 \$25
 other \$ _____

Name (preferred listing)

Address

Address (line 2)

City

State

Zip

Phone

Email

- A check for the total amount is enclosed.
 Please charge \$_____ to my credit card.

Visa/MasterCard Number

Exp. Date

Signature

- My company's matching gift form is enclosed.
 I would like information for including the Public Library in my will or offering another type of charitable gift.

Please make checks payable and mail to:

Friends of the Public Library

310 N. Tryon Street

Charlotte, NC 28202

For more information call 704.336.6213 or 704.336.4115.

