

MARK TWAIN LIBRARY DONATION FORM

Name _____

Please use the name as shown above in the annual "Friends of the Library" list

identify the donor(s) of the gift in the annual "Friends" list as follows:

 I wish to remain anonymous

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Please provide your e-mail address, so that we may use it to communicate library news to you.

E-MAIL ADDRESS _____

This gift is in honor of in memory of

We will be pleased to inform the honoree or the family of the memorialized individual of your gift if you would provide the contact information here:

Amount of gift _____

FRIENDS OF THE LIBRARY GIVING LEVELS

Individual \$50 Family \$75

Patron \$125 Benefactor \$250 Director's Circle \$500

Mark Twain's Very Good Friend \$1000 Friend for Life \$10,000 and above

Gifts of \$1000 or more will be recognized by a custom-made wooden plaque on the library's donor wall.

Other

**You may pay by cash, check, or credit card.
Please make check payable to the Mark Twain Library.**

If you are charging your gift, indicate the credit card you will be using.

Mastercard VISA American Express

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(required) _____

My company's matching gift form is enclosed

Mark Twain Library, Box 1009, Redding, CT 06875

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