



Please Print

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

I will contribute: ___ \$15 ___ \$25 ___ \$50 ___ \$75 ___ \$ 100 ___ other

Medium: ___ book ___ magazine subscription ___ compact disc
___ book-on-cassette ___ videocassette ___ unspecified ___ other

Preferred title or subject(s): _____
___ adult dept. ___ children's dept. ___ either

Circle one and fill in the blank:

- a. In Honor Of: _____
- b. To Commemorate: _____
- c. In Memory Of: _____
- d. In Appreciation Of: _____

Individual to be notified about your donation:

Name _____

Street _____

City _____ State _____ Zip _____

Please enclose your check made payable to: Avon Free Public Library.
Print out form and return with check to: Director, Avon Free Public Library,
281 Country Club Road, Avon, CT 06001

Thank you for your tax-deductible donation.