

READ Program

Reading Education and Discovery

Business/Organization Name: _____

Contact Person: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Donation Date: _____

Please accept the following donation:

_____ \$ 25.00 _____ \$250.00

_____ \$ 50.00 _____ \$500.00

_____ \$100.00 _____ Other

I wish my donation to be used for:

_____ Kleiman Creative Writing Contest (Grades 4, 5, 6)

_____ Summer Reading Adventure (All Ages)

_____ Family Programming (All Ages)

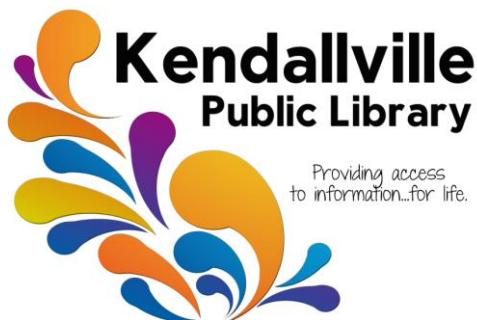
_____ Children's Programming (Birth to Grade 5)

_____ Teen Programming (Grades 6-12)

_____ Adult Programming

_____ Limberlost Branch Library

_____ **Other** _____



*Please make checks payable to the:
Kendallville Public Library*

*Mail this form, along with your donation, to:
Kendallville Public Library, Attn: Jenna Anderson,
221 S. Park Avenue, Kendallville, IN 46755*