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