



# WAY PUBLIC LIBRARY FOUNDATION

## DONOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## GIFT AMOUNT & FUND

*I would like to direct my gift to:*

- Area of Greatest Need
- Adopt-a-Fund (Choose one below)
  - \* Baldoni Classical/Opera \* Davis Books on CD \* Karen Khan Music
- Endowment
- Support Our Shelves
- Other - please describe: \_\_\_\_\_

**Please mail or fax to:**

**Way Public Library Foundation  
101 East Indiana Ave.  
Perrysburg, Ohio 43551  
fax: (419) 874-6129**

**Questions?  
Contact Lisa Richard at  
(419) 874-3135 ext. 139  
or richarli@oplin.org**

## ACKNOWLEDGEMENT INFORMATION *(Optional)*

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Please send an acknowledgement of this gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## GIFT PAYMENT

Amount of Gift: \$\_\_\_\_\_

My check is enclosed payable to: **Way Public Library Foundation** or

Please charge my credit card (VISA or MASTERCARD)

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

3 digit no. on back \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## OTHER INFORMATION

I am interested in hearing about my options for leaving the library a legacy gift.

*Thank you for supporting the Way Public Library Foundation. The foundation is a 501©3 charitable organization. All gifts are tax deductible to the extent allowed by law.*