



*EVERY DONATION SUPPORTS THE LIBRARY*

**DONOR INFORMATION:**

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

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

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

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

**DONATION:**

My check is enclosed payable to: **Kansas City, Kansas Public Library**

I prefer to charge my  Visa or  MasterCard in the amount of \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

Validation Code: \_\_\_\_\_

Three-digit code on back of card, following last four numbers of account

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER INFORMATION:**

Please use my gift to support (choose one)

- Where it is most needed
- New Books
- Programs
- Specific Instructions (branch, suggested subject area, etc.) \_\_\_\_\_

**MEMORIAM:**

This gift is made in honor / memory of: \_\_\_\_\_

Exact way the bookplate should read

I prefer to remain anonymous

Please send an acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

**Kansas City, Kansas Public Library  
ATTN: Bridgette DeSmet  
625 Minnesota Ave.  
Kansas City, KS 66101  
913-279-2381**