

Annual Campaign Fund

Please print clearly.

Name		[] I wish to remain anonymous.		
Address	City	State	Zip	
Email	Phone			
Enclosed is a gift in the amount of: [] \$20 []\$50 []\$100 []\$200 []\$500*	[] Other		
PLEASE FILL OUT THE GIFT ACKNOWLEDGMEN	IT INFORMATION ON REVERSE.			
I/We would like to designate our gifts towards:	[] Where the need is greatest [] Coll	lection/Materials [] Programming	[] Children's Service	
Please use the enclosed envelope to mail or drop of Mail to: Hedberg Public Library Foundation ATTN: Annual Campaign Fund 316 South Main Street Janesville, WI 53545	off your contribution at the Hedberg Publ	lic Library. Checks may be made payab	le to the HPL Foundatio	
Credit Card contributions can be made via PayP	al at HedbergPublicLibrary.org or using	the email foundation@hedbergpu	bliclibrary.org.	
The Hedberg Public Library Foundation, Inc. will be The information you provide below will be the information. [] I/We wish to remain anonymous. [] I/We wish to use the name listed on front. [] I/We wish for our gift to be made in honor of:	e listing all the donors who generously ga ormation we list in our upcoming Gift Ackr	nowledgment:		
[] I/We wish for our gift to be made in memory of	f:			
Gifts of \$500 or more will be recognized on our	Donor Wall. Please use the following name	e on your Donor Wall:		

Thank you for your generosity!