



For your community. For your neighbors. For your family. For your library.

Yes, I want to help the Blackstone Library educate and enrich my community with essential access to information, resources, and unique shared experiences.

Name			
Address	City	State	Zip Code
Phone	Email		
I will contribute: □ \$50	000 🗆 \$2500 🗆 \$1000 🗆 \$500 🗆 \$25	0 □ \$125 □ \$50 □	Other:
□ I am joining the Leadership	p Circle with a gift of \$125 or more. Please of	lisplay my name in the	e annual report as follows:
☐ A check is enclosed, pay	able to James Blackstone Memorial Libr	ary.	
☐ Please charge my ☐ Visa	☐ Mastercard ☐ Discover in the amoun	at above.	
Card Number	Exp:	_/ Security Cod	e
Cardholder Signature			
□ Enclosed is a matching gift	t form.		
□ I wish my gift to be anony	mous.		
□ Please contact me about m	aking a planned gift to the Library.		
□ I am donating □ in mem	nory of 🗆 in honor of		
_	(\$25 per book) to purchase a book weet, or section you would like the library		s person's honor. Please
Acknowledgement(s) shou	ald be sent to:		
Name			
Address	City	State	Zip Code
Name			
Address	City	Stato	Zio Codo

Your gift makes a difference in your community. Thank you for your support!