



2019 Annual Appeal

Yes, I would like to make a donation of:

\$35 \$50 \$75 \$100 \$250 \$500 Other \$ _____

Name: _____

Address: _____

Email: _____

Phone: _____

My donation is in memory of:

Please notify this person about my gift:

name: _____

address: _____

My Company will match my gift.

(Please include the proper matching gift forms.)

Please make your check payable to Rensselaerville Library and mail it in the enclosed return envelope.

To pay by credit card, please visit www.rensselaervillelibrary.org/donate.html

Thank You!