



Yes! I want to support our Community Library

Name: _____
(as you would like it to appear in all acknowledgments)

Address: _____

City: _____ State: _____ Zip: _____

I would like to contribute **per year for 3 years:**

\$1000 \$500 \$250 \$100 Other _____ (Total 3 year gift \$ _____)

Or a **one-time gift** in the amount of _____

Contributions are fully tax deductible. *Please enclose your check for year one payable to
Community Library and send to 11 N. Sharpsville Avenue, Sharon, PA 16146.
Thank you!*