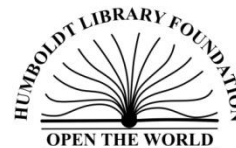


# Humboldt Library Foundation



## Yes, I want to support the Humboldt Library Foundation

Name(s) \_\_\_\_\_ Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address (for HLF purposes only) \_\_\_\_\_

- I would like to receive the Newsletter
- I have included HLF in my estate plans.  It is okay to include my name in the HLF Legacy Circle.
- I would like information about including HLF in my estate plans.

## Yes, I want to help the library buy more books and expand programs.

- I would like to make a tax-deductible contribution of \$\_\_\_\_\_.
- I would like to become a member of the **Board of Sponsors**.
  - \$100 **Sustaining**  \$250 **Library Advocate**  \$500 **President's Circle**
- I would like to **Buy a Book**.
  - \$25  \$50  \$75  \$100  \$500 Buy a Shelf  Other \_\_\_\_\_
- Enclosed is a check payable to the Humboldt Library foundation.
- Charge my:  VISA  Master Card
  - Name on Card \_\_\_\_\_ Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_
  - Signature \_\_\_\_\_
- I wish for my gift to remain anonymous.
- My gift is in  honor of  memory of \_\_\_\_\_

Please acknowledge this gift (without reference to amount) to:

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### Mail this form with your gift to:

Humboldt Library Foundation  
PO Box 440  
Eureka, CA 95502

**Thank you for your support!**