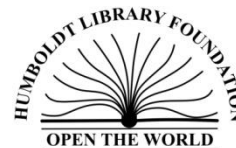


Humboldt Library Foundation



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 one-time contribution of \$ _____ or recurring @ \$ _____ per month

I would like to become a member of the **Board of Sponsors:**

\$150 Sustaining \$300 Library Advocate \$500 President's Circle

\$1,000 Founder \$5,000 Platinum Founder

I would like to **Buy a Book or Join the BOOK A MONTH CLUB**

\$25 \$50 \$75 \$100 \$500 Shelf of Books Book a Month Club \$ _____ Per Month

Enclosed is a check payable to the Humboldt Library Foundation

Charge my: VISA Master Card

Card # _____ Expiration Date _____

Signature _____ CVV: _____

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!