

**Yes, I _____ (print name),
want to support the Pocono Mountain Public Library with a financial gift.**

Other \$ _____ \$50__ \$100__ \$250__ \$500__ Other \$ _____

**Gifts over \$100 will earn a name plate on our donor wall!*

My gift is in memory of _____

Please send a notice of memorial gift to the following individual & address or email:

Name: _____

Address or email: _____

____ I have enclosed my check, made payable to Pocono Mountain Public Library.

____ I want to use my credit card: ___ Visa ___ Mastercard ___ AMEX ___ Discover

Account Number _____ EXP Date _____ Billing Zip Code _____

Signature _____

Address: _____

Phone _____ Email _____

Complete & return this form with your donation to:

Pocono Mountain Public Library

PO Box 405

5500 Municipal Drive

Tobyhanna, PA 18466

Or, donate via our secure PayPal link on our website poconolibrary.org.

THANK YOU FOR YOUR GENEROUS SUPPORT!