



LENOX LIBRARY ASSOCIATION

Development Office
18 Main Street
Lenox, MA 01240-2310

Annual Appeal Form

DONOR LEVELS

\$25 \$50 \$100 \$250 \$500 \$1000 Other \$ _____

For more information, please call Susan Faber, Development Manager at 413-637-2630 ext. 121

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PAYMENT BY

Check, in the amount of \$ _____ Check # _____

Charge \$ _____ to my Visa MasterCard

Credit Card # _____

Exp. Date _____

Name as it appears on the card _____

Please make checks payable to: The Lenox Library Association

All contributions are tax deductible.

Please help the library save postage.

I would like an acknowledgement of this gift.

Please send all future newsletter, announcements and acknowledgements to my email address.

Thank you for your generous support.