

**My gift to support the Rockingham Free Public Library is:**

\$35     \$50     \$75     \$100     \$250     \$500     \$1,000     Other \$ \_\_\_\_\_

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

This is a joint gift with \_\_\_\_\_

- Check enclosed (Made payable to Rockingham Public Library)
- My employer has a matching gift program and I will be applying for the match.
- I wish to remain anonymous.
- I wish to receive Appeal correspondence through email only.



Email address \_\_\_\_\_

**Mail this form with your check to:**

Rockingham Free Public Library  
65 Westminster St.  
Bellows Falls, VT 05101

*Please call 802-463-4270 if you have any questions. Thank you!*