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- In honour of (if applicable): _____
- I wish to remain anonymous and do not want my name published as a donor.

I wish to make my gift by:

- Cheque (payable to Kitchener Public Library)
- Visa/MasterCard
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Card Holder Name: _____ Signature: _____

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Please mail this completed form to:

Development Office, Kitchener Public Library, 85 Queen Street N., Kitchener, ON N2H 2H1
or bring to the Customer Service Desk of any branch of Kitchener Public Library.

Internal Use Only

Branch _____
Staff Name _____
Date _____

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