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Amount of gift: \$ _____ **Directed to:** 2019 Initiatives Other: _____

Please select all that apply:

- For donor recognition I wish the name to appear as: _____
- In memory of (if applicable): _____
- 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
- Money Order
- Cash

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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