

READ Program

Reading Education and Discovery

Business Name: _____

Contact Person: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please accept the following donation:

_____ \$ 25.00	_____ \$250.00
_____ \$ 50.00	_____ \$500.00
_____ \$100.00	_____ Other

Please accept the following product item(s) for library use:

Check all of the following that apply.

I wish my donation to be used for:

_____ Kleiman Creative Writing Contest (Grades 4, 5, 6)
_____ Summer Reading Program (All Ages)
_____ Preschool Storytime (Ages 2-5)
_____ Baby and Me Lap-sit (Birth to Age 2)
_____ Children's Programming (Birth to Grade 5)
_____ Teen Programming (Grades 6-12)
_____ Adult Programming
_____ **Other** _____

Please make checks payable to the Kendallville Public Library

Mail this form, along with your donation, to the Kendallville Public Library, Attn:
Jenna Anderson, 221 S. Park Avenue, Kendallville, IN 46755