

Donor Form

_____ I would like more information on making contributions to the Manhattan Library Foundation.

_____ I am interested in making a gift. Please have a foundation board member contact me.

_____ Enclosed is my gift of \$_____.

Name

Address

City, State, Zip

Phone

Email



Please make checks payable to:
Manhattan Library Foundation.

Return completed form to:
Manhattan Library Foundation
c/o Manhattan Public Library
629 Poyntz Avenue
Manhattan, Kansas 66502