

Friends of the Garnett Library Book Fund Printable Donation Form

I wish to support the Garnett Library book f	und with a gift of \$	
Donated by:		
Your name		
Address		
City	_ State	Zip
Please inscribe the book(s) as follows:		
□ In honor of		
□ In memory of		
□ Other inscription		
Please notify the following individual(s) of	this gift:	
Name		
Address		
City	_ State	Zip
Relationship to individual being hon	ored	
Payment method:		
\Box Check enclosed; \Box Please bill	me in	(month/year);
Credit Card: 🗆 Visa 🗆 Master	Card 🗆 Discover	□ American Express
Credit Card number		_Exp. date/
3 or 4 digit identification number from	m back of card	
Name as it appears on card		
Signature (if using credit card):		
Please make your check or money order pay	vable and mail to:	
Office of I 128 C	iversity Foundation Development Garfield s, MO 65775	
Thank you fo	r your support!	
www.wp.mi wpdevelopment 417-2	iversity-West Plains ssouristate.edu @missouristate.edu 55-7240 ffirmative Action Institution	