## Gloversville Library Foundation, Inc.

## 58 East Fulton Street Gloversville, New York 12078

THIS GIFT IS	FRO	OM:							
My Name:									
Address:									
Oity:									
Amount enclo	sed	(Make che	ecks pa	yable to: 0	Glover	sville Libra	ry Fol	undation,	Inc.)
[ ] \$10	[	] \$25	[	] \$50	[	] \$100	[	] \$100	
[ ] Other:									
(Optional)									
Please send a	ın ac	cknowledg	ement	card to (pl	ease <sub>l</sub>	print):			
Name:									
Address:									
City:				State:			Zip:		
Memorial: (Na	ame	of person	to be r	emembere	ed)				
Special occas	ion:	(Specify o	ccasio	n)					

A letter will be sent to you to acknowledge your tax-deductable gift.

Gloversville Library Foundation will send a letter to the bereaved family member or the person honored letting them know of your kind gift. The amount of the gift will not be disclosed.