

Viroqua Public Library

We wish to invest in our community through a gift to the library campaign
a tax-deductible contribution of \$ _____ OR a pledged
contribution of _____ per year over _____ years totaling \$ _____

This contribution is payable:

___ Annually ___ Bi-annually ___ Quarterly

My company will match this gift

I wish to have this contribution support: (please indicate naming opportunity
chosen/any other information in connection with your
contribution) _____

Print Name (as it should appear in publications) _____

Address: _____

Telephone (home or work): _____

Fax: _____

E-mail address: _____

Please contact me regarding a transfer of stock to the Viroqua Public Library

Please contact me regarding a contribution to the Viroqua Public Library

This contribution is in honor of _____

This contribution is in memory of _____

I prefer to remain anonymous. Please do not publish my name as a donor.

**Please make check payable to The Viroqua Area Foundation with a notation that the gift
is for the Viroqua Public Library and mail to:**

The Viroqua Area Foundation

P.O. Box 262

Viroqua, WI 54665

Signature (required): _____

Date: _____

Thank you for your commitment to the future of our community!
Your contribution is tax-deductible to the fullest extent of the law