



Transylvania County Library Foundation
212 South Gaston Street
Brevard, NC 28712

Date: _____

I enclose a gift in the amount of \$ _____

_____ In honor of: _____ In memory of (Check one)

This gift is made by: (Include name, address and phone number of donor)

Without mentioning the amount, please send a notification of my gift to: (Name and address of those who should receive acknowledgement of your gift.)

_____ Please use my gift to support the Library wherever the need is greatest.

OR, I would prefer my gift be used to support the Library in the following way:

- | | |
|--------------------------------|---------------------------------|
| _____ Unrestricted Gift | _____ Children's Special Events |
| _____ Local History Collection | _____ Opportunity Fund |
| _____ J.R. McDowell Speaker | _____ Memorial Books |

