

Donor Information: Please complete the information below, and enclose with your donation.

Enclosed is a gift of \$ \_\_\_\_\_ to the Andover Public Library. I/We wish the gift to go to the following category (as described above):

- General – Library determines where need is greatest
- Specific – supports current and future building costs
- Collegiate – please indicate a school:
  - Wichita State University
  - Kansas State University
  - University of Kansas
- Dedicated Book
- Bequest – I wish to include the Library in my will
- Memorial or Tribute – please provide additional information:
  - In Memory of:  
\_\_\_\_\_
  - In Honor of:  
\_\_\_\_\_

Person to be notified of gift:  
Name \_\_\_\_\_

Please send acknowledgement to:

Donor's Name: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

We wish to remain anonymous

Please make checks payable to:

Andover Public Library  
1511 East Central Avenue  
Andover, KS 6700  
316-558-3500

Credit cards are accepted by calling the above phone number and providing the necessary information.