



Single or Monthly Gift Form

982 N. Main St.
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Donation amount: \$ _____

Check one: Monthly Single

If donating by credit card, please provide us with the following information:

Check type of credit card: Visa MasterCard Discover

Credit Card Number: _____ Exp Date: _____

Please provide the following information:

First Name: _____ Last Name: _____

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Honorarium/Memorials

In honor of: _____

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Acknowledgement Mailing Address: _____

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**On behalf of The Literacy Council, we offer a heartfelt thank you to all persons
and organizations who have donated.**