

# Bookfriends

International, NFP

---

## Contribution Form

### About You

Name (please print) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

\* \* \* \* \*

I would like to make this gift in honor of \_\_\_\_\_

I would like to make this gift in memory of \_\_\_\_\_

### Your Gift

I would like to make a gift in the amount of :

\_\_\_ \$1,000

\_\_\_ \$500

\_\_\_ \$250

\_\_\_ \$100

\_\_\_ \$50

\_\_\_ \$25

\_\_\_ \$10.

\_\_\_ \$ \_\_\_\_\_ Other

\_\_\_ Count me in to make the above gift \_\_\_\_\_ monthly, \_\_\_\_\_ quarterly.

Please mail your check to Bookfriends Int'l, NFP  
1000 Rand Road, #206  
Wauconda, IL 60084

A personal receipt will be mailed to each donor.