



CENTRAL ARKANSAS LIBRARY SYSTEM FOUNDATION

date _____

name _____
last first middle

address _____
street or PO box apt.#

city/state/ZIP _____

daytime phone _____ email _____

This gift is in honor or memory of _____

Please send acknowledgment to:

name _____
last first middle

address _____
street or PO box apt.#

city/state/ZIP _____

Yes!
I want to support the
Central Arkansas
Library System and
the quality programs,
books, services, and
materials offered in
our communities.

I would like to make a one-time donation of:

\$50 \$100 \$250 \$500 other: _____

I would like to make a monthly donation by credit card:

\$50 \$100 \$250 \$500 other: _____

Please apply my gift to:

- where needed most
- Six Bridges Book Festival
- Summer Reading Club
- my local branch: _____
- other: _____

To make a monthly donation by credit card:

Visa MasterCard American Express Discover

name (as it appears on card): _____

card number _____

exp. date _____ cvv _____

signature _____

Please make checks payable to CALS Foundation, 100 Rock Street, Little Rock, AR 72201.

The Central Arkansas Library System Foundation is a 501(c)(3) organization as defined by the IRS. Donations are tax-deductible for federal income tax purposes.

Tax ID #27-2094612