

## ROGERS MEMORIAL LIBRARY FOUNDATION

Thank you for your donation to the Rogers Memorial Library Foundation.

Please print this form, complete all necessary information, and mail your contribution to:

Rogers Memorial Library Foundation 91 Coopers Farm Road Southampton, NY 11968

| Southampton, NY 11           | 968                        |                               |  |  |
|------------------------------|----------------------------|-------------------------------|--|--|
| or FAX to 631-287-93         | 349                        |                               |  |  |
| I would like to make a       | donation to the Rog        | ers Memorial Libr             | ary Foundation in the amo                | unt of:  |
| Donation Amount:             |                            | Money Order checks/money orde | ☐ MasterCard ☐ VI                        |  |
| Please charge my credi       | t card:                    |                               |  |  |
| Name (If paying by credit ca | ard, write name as it appe | ears on card)                 | Credit card number:                      |  |
| Address                      |                            |                               | Expiration: 2-Digit Month   2-Digit Year | Security Code: The security code can be foun on the back of your credit card to the right of your signature. |
| City                         | State                      | Zip                           |  | to the right of your signature.  |
| Email Address                |                            |                               |  |  |
|                              |                            |                               |  | Date   |
| For additional information   | on or assistance, ple      | ease call our office          | at 631-283-0774 ext. 582.                |  |
| Email us at: info@rmlfo      | undation.org               |                               |  |  |

All contributions are tax-deductible to the extent allowable by law.