



YES, I/WE WANT TO SUPPORT THE KENT MEMORIAL LIBRARY!

Please reserve _____ tickets at \$75 per person.

(Your name will be on the guest list when you check in at the front entrance. Additional contributions beyond the ticket price are greatly appreciated.)

I would like to be a Sponsor _____ \$1,000 _____ \$500 _____ \$300

(With \$1,000 Sponsorship – receive four tickets. Sponsorships of \$500 or \$300 – receive two tickets.)

I/we cannot attend but enclosed is our contribution of \$ _____

Enclosed is a check for \$ _____ payable to Kent Library Association or go online
(click on Library Benefit)

NAME

ADDRESS

PHONE

EMAIL



Please return this card, along with your payment, in the enclosed envelope or online no later than Aug 21. Your name will be on the

guest list when you check in at the front entrance. Additional contributions beyond the ticket price are greatly appreciated. A portion of your donation is tax deductible.

RSVP BY AUGUST 21

