

# Newspaper Archives Donation Form



## Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, ST Zip Code \_\_\_\_\_  
Phone 1 | Phone 2 \_\_\_\_\_  
Fax | Email \_\_\_\_\_

## Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to the Crandon Public Library's Newspaper Archives program.

I (we) plan to make this contribution in the form of:  cash  check

Gift will be matched by (company/family/foundation) \_\_\_\_\_

form enclosed  form will be forwarded

## Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

Please make checks, corporate matches,  
or other gifts payable to:

**Crandon Public Library Foundation**  
**Digital Archives Project**  
**110 W. Polk Street**  
**Crandon, WI 54520**

Donations made to the Crandon Public Library Foundation are tax-deductible to the full extent of the law.