Chestatee Regional Library System Annual Giving Campaign

❑ Yes, I want to support the library with a **tax-deductible** contribution.
❑ Please check this box if you would like your donation to remain anonymous.

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Address_____ City_____ State_____ Zip_____

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(If you wish to receive an email receipt for tax purposes, please provide an email address.)

Amount: ❑ $500 ❑ $250 ❑ $100 ❑ $50 ❑ $25 ❑ Other: $_____

Method of Payment: ❑ Check Enclosed **OR** American Express needs both CID# & CVV#
Please charge to my: ❑ MasterCard ❑ Visa ❑ American Express A/E 4-digit CID# from front of card _____
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3-digit CVV# from back of card _____ Mail, phone or fax credit card purchases. Address shown must be billing address.

Please mail to Annual Giving, Chestatee Regional Library System, 342 Allen Street, Dawsonville, GA 30534, call (706) 344-3690, ext 10 , fax to (706) 344-3692, or visit www.chestateelibrary.org