

The Gift of Literacy

Imagination Library Sponsorship

Your Name ("Sponsor") _____
Mailing Address _____
Phone Number _____ Email _____

Valentine's Name (Optional) _____
Mailing Address _____

PLEASE CHECK ONE:

- Please send my Valentine a card recognizing them for their honorary support of the Imagination Library
- Please send me a Valentine card recognizing my support of the Imagination Library
- Please accept my donation, no Valentine is needed

DONATION AMOUNT:

- \$25 -- This will sponsor one child, for one year.
- Other: _____
- Check here if you would like your donation to remain anonymous

Please make check payable to **Mokelumne Hill Community Historical Trust**
and mail this form and donations to:

Imagination Library
c/o Cheri Garamendi Aguiar
PO Box 200
Mokelumne Hill, CA 95245

Thank You!