

# 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: \_\_\_\_\_

Please make check payable to **Mokelumne Hill Community Historical Trust**  
and send donations to:  
Imagination Library  
c/o Cheri Garamendi Aguiar  
PO Box 200  
Mokelumne Hill, CA 95245

# Thank You!