

# SLOVER LIBRARY GUILD

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\_\_\_\_\_ YES, I WOULD LIKE TO BE A FOUNDING MEMBER OF THE SLOVER LIBRARY GUILD.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ANNUAL DONATION OF \$1,000 IS ENCLOSED.

\_\_\_\_\_ I WOULD LIKE TO MAKE A THREE-YEAR PLEDGE OF \$1,000/YEAR.

\_\_\_\_\_ CHECK (MAKE PAYABLE TO THE SLOVER LIBRARY FOUNDATION)

\_\_\_\_\_ CREDIT \_\_\_\_\_ MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_ CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CVV# \_\_\_\_\_

SLOVER LIBRARY FOUNDATION | 235 E. PLUME STREET | NORFOLK, VA 23510