SAVE A STAMP!

Pay online at KentMemorialLibrary.org
(click on Annual Benefit Party)
or point your camera at this code

Please return this card, along with your payment, in the enclosed envelope or online no later than June 13. Your name will be on the guest list when you check in at the front entrance. Additional contributions beyond the ticket price are greatly appreciated. A portion of your donation is tax deductible.

RSVP BY JUNE 13

YES, I/WE WANT TO SUPPORT KENT MEMORIAL LIBRARY!

Please reserve _____ tickets at $100 per person.
(Your name will be on the guest list when you check in at the front entrance. Additional contributions beyond the ticket price are greatly appreciated.)

I would like to be a Sponsor ____$350 ____$500 ____$1,000 ____$2,000 ____$5,000 ____$10,000
(Sponsorships $350 and over receive two complimentary admissions to the Benefit. Sponsorships $1,000 and over receive four complimentary admissions to the Benefit.)

I/we cannot attend but enclosed is our contribution of $_____

Enclosed is a check for $_____ payable to Kent Library Association or go online (click on Annual Benefit Party or point your camera at the code)

_____
NAME

_____
ADDRESS

_____

_____
PHONE

_____
EMAIL