



# I WANT TO BE A FRIEND OF LITERACY!

*My tax-deductible donation will bring the gift of literacy to our community.*

Name/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## *How your donation can help*

*(please make a selection)*

\_\_\_\_\_ \$50 will give a beginning reader his/her first books.

\_\_\_\_\_ \$100 will train a new tutor.

\_\_\_\_\_ \$500 will sponsor a student for one year!

\_\_\_\_\_ Other amount \_\_\_\_\_



## *This Gift is* (Check one)

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

## *Payment Options* (Check one)

Enclosed is a check payable to "Oakland Literacy Council"

Please charge my credit card the following amount \$ \_\_\_\_\_

Master Card    Visa

Name (as it appears on card) \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

*Simply print out this form and mail it to:*

Oakland Literacy Council

43700 Woodward Ave, Suite 20, Bloomfield Hills, MI 48302

*Your donation is tax deductible to the extent provided by law. MICS/CT10122*