



Robert L. Ganyard Library Endowment

וטט	Donor Information (please print or type)			
Na	Name(s)			
Coı	Contact Name (corporate donors)			
Pre	Preferred mailing address ☐ Home ☐ Business			
Adı	Address			
Cit	City	_ State	Zip	
Pre	Preferred email:			
Ple	Please accept my contribution of \$ t	o the Robert L.	Ganyard Library Endowment Fund	
Pav	Payment Information			
		A check or money order payable to the <i>Robert L. Ganyard Library Endowment</i> is enclosed Authorization for a O Visa O MasterCard credit card charge is provided here (\$50 minimum contribution is required):		
	Account #		Exp. Date	
	Name of Cardholder			
	Signature			
	An online gift has been made at the University of Wisconsin Foundation website https://secure.uwfoundation.wisc.edu/MultiPage/processStep1.do?form=UWGB			
	Increase your g	viving nower		
	Many employers sponsor a matching gift program. (from your employer—you may be able to double o	Obtain and compl or even triple the c	amount of your contribution!	
Re	Recognition Information			
Nai	Name(s) as you would like it to appear in the Universit	ːy's Annual Repc	ort or other public announcements:	
	☐ I/We wish to remain anonymous			
	UW 242	iversity Advance frin Library 820 V-Green Bay 20 Nicolet Drive		

Questions? You may reach a member of the University Advancement staff by calling (920) 465-2074