



I wish to support the Antioch Public Library District
by participating in The Wall of Honor program.

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Enclosed is a gift of: \$ _____

Or a gift in the form of: _____

The inscription on the leaf should read as follows: (20 characters and 4 lines, please.)

In Memory of: _____

In Honor of: _____

Donated by: _____

Checks should be made payable to: Antioch Public Library District Foundation

Mail to:

Antioch Public Library District

757 Main St

Antioch, IL 60002

Gifts are tax deductible to the extent allowed by law.

Thank you.