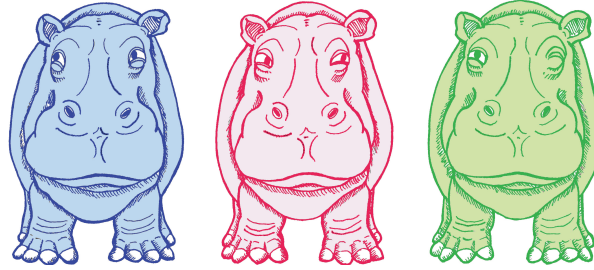




WILTON LIBRARY ASSOCIATION, INC.  
137 Old Ridgefield Road  
Wilton, CT 06897-3000

|                          |              |
|--------------------------|--------------|
| OFFICE USE               |              |
| DATE                     | _____        |
| <input type="checkbox"/> | BAG (NEW)    |
| <input type="checkbox"/> | RENEWAL      |
| <input type="checkbox"/> | CARD STICKER |
| <input type="checkbox"/> | SAGE         |
| <input type="checkbox"/> | ACK          |

## 2011-2012 YOUNG READER



AGE: TO 12 YEARS (*born in 1999 or later*)  
\$25 PER CHILD (\$75 FOR THREE OR MORE CHILDREN)

CONTRIBUTIONS PAY FOR ALL OF THE LIBRARY'S COLLECTIONS AND ARE TAX-DEDUCTIBLE AS PROVIDED BY LAW

### Yes, I want to sign up my YOUNG READER(s)!

Parent's Name (s) \_\_\_\_\_  
(as you would like it to appear in the annual report)  Please do not list me in the annual report

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Young Reader Name 1 \_\_\_\_\_ birthdate \_\_\_\_\_

Young Reader Name 2 \_\_\_\_\_ birthdate \_\_\_\_\_

Young Reader Name 3 \_\_\_\_\_ birthdate \_\_\_\_\_

May we list the above Young Reader name(s) in our annual report's Young Reader list?  Yes  No

Total donation \$ \_\_\_\_\_

Method of Payment: cash \_\_\_\_\_ check # \_\_\_\_\_

MasterCard/VISA# \_\_\_\_\_ Exp. (mm/yy) \_\_\_\_\_

Signature \_\_\_\_\_