



In Memory of _____

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Suggestion (title, author, subject) and/or special interest.

Gift Amount (Giftplate will be included in the material purchased)

Gift of \$ _____

My check is enclosed payable to: **WCDPL Foundation**

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Mail this form with your check or you can drop it off during our open hours to our first floor check out desk at:

WCDPL Foundation

251 North Main Street

Bowling Green, OH 43402

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Wood County District Public Library Foundation

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Bowling Green, OH 43402

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