



VIRGIL & JOSEPHINE GORDON Memorial Library

Full name: _____


Address: _____


City: _____ State: _____ Zip: _____


Phone Number: _____


Choose your level:


_____  \$500 – Butterfly

_____  \$1,000 – Bronze Leaf

_____  \$5,000 – Silver Leaf

_____  \$10,000 – Gold Leaf

_____  \$15,000 – Branch

_____  \$25,000 – Rock

Make check payable to and mail to:

Gordon Memorial Library
917 North Circle Drive
Sealy, TX 77474