



Readers' Bridge

c/o Mattoon Public Library
PO Box 809, Mattoon, IL 61938
217-254-6736

Sponsorship Request

I request that Readers' Bridge pay 90% of my nonresident library card fee at _____ Library.

I have paid \$_____, which is 10% of the nonresident fee. I understand that falsification of financial need may result in revocation of my non resident privileges.

Print Name _____

Print Resident Address _____

City _____

State _____

ZIP _____

Financial need category: Please check all categories that apply:

- Earning minimum wage, but working less than full time
- Free/reduced school lunch
- Link Card
- Other, please explain

- Medical Card
- Subsidized Housing
- T.A.N.F

Applicant signature _____

Date _____

My signature attests that all information is true and correct.

\$_____ reimbursement requested

_____ Library staff initials

Send to: _____ Library

Return address: _____