



*I would like to Adopt a Piece of History at the William L. Clements Library.*

*Name of items you would like to adopt:*

*Price:*

_____	_____
_____	_____
_____	_____

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

\_\_\_\_\_

*Phone* \_\_\_\_\_

*Email* \_\_\_\_\_

*Please make checks payable to the **William L. Clements Library.***

*For credit card charge, please complete the following:*

*M/C Visa Name on Card* \_\_\_\_\_

*Credit Card Number* \_\_\_\_\_

*Expiration Date* \_\_\_\_\_

*Signature* \_\_\_\_\_

Please mail this form to:  
William L. Clements Library  
909 S. University  
Ann Arbor, MI 48109  
Fax: (734) 647-0716  
Email: [annrock@umich.edu](mailto:annrock@umich.edu)

*Thank you for your continuing and generous support.*