

CAMPAIGN FOR THE WINTHROP PUBLIC LIBRARY - GIFT PLEDGE FORM

DONOR INFORMATION

DONOR NAME(S) _____

Please acknowledge my/our donation as (if differs from above) _____
examples: in memory of..., in honor of...

I/we prefer to remain anonymous. Donors will be recognized in campaign materials unless this box is checked.

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ E-MAIL _____

By signing below, I/we are committing to the following donation/pledge to Friends of the Winthrop Public Library.

TOTAL GIFT PLEDGE AMOUNT \$ _____

DONATION – BY CHECK

I am fulfilling the entire gift at this time. A check is enclosed payable to Friends of the Winthrop Public Library.

I will pay the entire gift by check on or before ___/___/____. Please send me a reminder in advance.

I would like to donate by check in installments as follows: monthly (\$_____) quarterly (\$_____) or twice annually (\$_____) beginning on ___/___/____. Please remind me.

I will fulfill my pledged gift by check annually over a period of: 1 2 3 years (please circle) beginning on ___/___/____. Please send me timely reminders.

DONATION – BY CREDIT CARD

I will charge my donation in full or in recurring payments. Visit winthroplibraryfriends.org/donation-form to donate securely and select from monthly, quarterly or annual recurring gift options.

OTHER DONATION OPTIONS

I prefer the following method of giving _____ Please contact me.

My donation will be matched by _____

Match form is enclosed

Match form will be forwarded to FOWL

CONFIRMATION

Donor Signature(s) _____ Date _____

FOWL representative _____ Date _____

Phone _____ E-mail _____

FRIENDS OF THE WINTHROP PUBLIC LIBRARY

P.O. Box 592, Winthrop, WA 98862

Friends of the Winthrop Public Library is a 501(c)(3) non-profit corporation, Federal Tax ID 82-1525939. Donations are tax deductible to the extent allowed by law.

TOP COPY: Send or give to FOWL BOTTOM COPY: Keep for your records

