



Giving Form

Donor Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (please circle phone type: Home Cell Business)
Email: _____ Birthday _____

Gift Amount:

\$25 \$50 \$75
\$100 \$500 Other \$ _____

Pledge:

I would like to pledge \$ _____ over _____ months to be charged to my credit card.

Please apply my gift to:

_____ Where Needed Most _____ Endowment Funds _____ Tribute/Memorial
_____ Befriend a Branch _____ Honor with Books* _____ Pet Memorial*
** \$25 minimum donation*

_____ In Memory of _____
_____ In Honor of _____
_____ Branch Name _____

Please send an acknowledgement of my memorial or honor gift to a friend or family member:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Gift Payment:

_____ Check enclosed, payable to **The Library Foundation**
_____ Please charge my: _____ Visa _____ MasterCard _____ American Express
Account # _____
Exp. _____ Sec. Code _____
Signature _____

- _____ A matching gift program is offered through my employer. A gift form is enclosed.
- _____ I would like to remember the Library in my Will. Please contact me with information.
- _____ I would like to give a gift of stock or property. Please contact me with information.
- _____ I would like to remain anonymous.

Please mail to:

The Library Foundation
800 Vine Street
Cincinnati, Ohio 45202-2009
Phone: 513-369-3173
www.supportchpl.org

Thank you for supporting The Library Foundation. The Foundation is a 501(c)(3) charitable organization.
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