



## Giving Form

### Donor Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 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 gift in memory or honor to:*

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.

### Please mail to:

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

Thank you for supporting The Library Foundation. The Foundation is a 501(c)(3) charitable organization.  
All gifts are **tax deductible** to the extent allowed by law.