

The Scranton Library Leadership Alliance

PLEDGE FORM

CONTRIBUTOR INFORMATION

First Name(s): _____

Last Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

I/we prefer to remain anonymous and do not wish to be acknowledged on the Library's website or publications.

PLEDGE INSTRUCTIONS

By signing below, I/we are committing to the following donation/pledge to Scranton Library. I acknowledge that this pledge is an unrestricted donation to be used for annual operations.

Please choose one of the following options:

Option 1: Lump Sum Donation

I am fulfilling the entire pledge of
\$ _____ at this time.

Option 2: Five Annual Installments

I will make five (5) annual installments of
\$ _____ beginning on _____.

Scranton Library will send me annual reminder
notices.

PAYMENT

Please check all that apply:

Enclosed is a check payable to Scranton Library for the entire 5-year pledge amount.

Enclosed is a check payable to Scranton Library for the first of five annual installments.

Please charge my credit card: MasterCard Visa AMEX

Name on card:

Card #: Expiration: CVV:

Please send me employer matching information.

SIGNATURE:

DATE:



Scranton Library
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203-245-7365 | scrantonlibrary.org

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Your donations are tax deductible to the full extent allowed by law.