

The Scranton Library Leadership Alliance

PLEDGE FORM

CONTRIBUTOR INFORMATION

First Name: _____ Last Name(s): _____ MI: _____

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.

GIFT HISTORY

In recent years you have made contributions ranging from \$_____ to \$_____.

Would you be willing to pledge an annual donation of \$_____, or an amount of your choice, for each of the next five years?

PLEDGE INSTRUCTIONS

By signing below, I/we are committing to the following donation/pledge to Scranton Library: \$_____ per year for each of the next five years. I acknowledge that this pledge is an unrestricted donation to be used for annual operations.

Please check all that apply:

- I am fulfilling the entire pledge at this time. My check made payable to Scranton Library is enclosed.
- I will make five (5) annual installments of \$_____ beginning on: _____
- Please charge my credit card. ___Mastercard ___Visa ___Amex
Name on card: _____
Card #: _____ Expires: _____ CVV: _____
- I have enclosed my first payment by check. Please send me annual reminder notices.
- Other/special payment instructions (stock gift, IRA, DAF): _____

- My employer will match my donation. Please send me employer matching information.

SIGNATURE: _____ DATE: _____



Scranton Library
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