

# PLEDGE FORM

## West Falmouth Library Capital Campaign Pledge Form

I/We, \_\_\_\_\_

*Please write name as you wish it to appear.*

hereby pledge a total sum of \$ \_\_\_\_\_  
to the West Falmouth Library Capital Campaign.

BENEFACTOR	\$1,000,000
FOUNDER	\$500,000 - \$999,999
PATRON	\$100,000 - \$499,999
VISIONARY	\$50,000 - \$99,999
AMBASSADOR	\$25,000 - \$49,999

STEWARD	\$10,000 - \$24,999
LEADER	\$5,000 - \$9,999
ASSOCIATE	\$2,500 - \$4,999
FRIEND	\$1,000 - \$2,499
DONOR	< \$1,000

My/Our payment(s) will be made as follows:

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

1<sup>st</sup> Year: \_\_\_\_\_  
2<sup>nd</sup> Year: \_\_\_\_\_  
3<sup>rd</sup> Year: \_\_\_\_\_  
4<sup>th</sup> Year: \_\_\_\_\_  
5<sup>th</sup> Year: \_\_\_\_\_

Beginning \_\_\_\_\_  
*Month/Year*

☐ Please remind us of this pledge.

### Method of Payment

☐ Check enclosed. *Checks should be made payable to West Falmouth Library.*

☐ PayPal (<http://www.westfalmouthlibrary.org/giving>)

☐ Stock: \_\_\_\_\_

☐ Please charge my gift to: ☐ MasterCard ☐ Visa ☐ Discover

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

☐ I/We wish this gift to be in honor of: \_\_\_\_\_

☐ I/We wish this gift to be in memory of: \_\_\_\_\_

☐ I/We wish this gift to remain anonymous.

☐ My company will match my gift.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Send to: West Falmouth Library • P.O. Box 1209 • West Falmouth, MA 02574**