

West Falmouth Library Endowment Campaign Pledge Form

I/We, _____
please write name as you wish it to appear

hereby pledge a total gift of:

- \$5,000
- \$2,500
- \$1,000
- \$500
- \$250
- Other \$ _____

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

\$ _____ 1st Year: _____
\$ _____ 2nd Year: _____
\$ _____ 3rd Year: _____

Preferred start date: _____ (Month/Year)

Please remind us of this pledge.

Your name will be included on our Donor Wall with a gift or pledge of \$1,000+ PAYABLE OVER THREE YEARS

Gifts of All Sizes are Appreciated

Check enclosed. Please make payable to *West Falmouth Library*

Stock: _____

Please charge my gift to: Master Card Visa American Express Account # _____

Exp. Date _____ CVV# _____ Please automatically process my monthly credit card payment at the first of the month.

I/We wish this gift to be in Honor of: _____ Memory of: _____

I/We wish this gift to remain anonymous. My company will match my gift.

Signature _____ Date _____

Mailing address _____

Email _____ Phone _____

Thank You!

Place
Stamp
Here

West Falmouth



LIBRARY

Endowment Campaign

575 West Falmouth Highway

P.O. Box 1209

West Falmouth, MA 02574