



Mount Vernon Library Foundation

DONATION FORM

DONOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

GIFT AMOUNT & FUND

Choose one of the following:

- One-time gift of \$ _____ to help the Library
- Pledge/gift of \$ _____ on the following schedule:
 - Initial payment of \$ _____ enclosed
 - Monthly through (month/year) ____/____
 - Quarterly through (month/year) ____/____

(Optional) This is a special gift:

- In Memory of: _____
- In Honor of: _____

Please send an acknowledgement to the honoree or next of kin listed:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

I would like to direct my gift to:

- Where the need is greatest
- Programs for Library users
- Books, digital resources, and materials

GIFT PAYMENT

- My check is enclosed payable to the: **Mount Vernon Library Foundation**
- Please charge my credit card (VISA, MasterCard, DISC or AmEx)

Name on card: _____

Card number: _____ Exp. Date: _____
- This gift will be matched by my employer: _____
(Employer Name)

OTHER INFORMATION

- Please keep my gift anonymous. I understand that I will not be included in donor listings.
- I would like to receive periodic emails about Library and Foundation initiatives and events.
- I am interested in hearing about my options for leaving the Library a legacy gift.
- The Library Foundation has been remembered in my will.
- I would like to discuss alternative types of donations/planned giving.
- I am interested in joining the Library Foundation. Please contact me with more information.

Please mail to:
Mount Vernon Library Foundation
PO Box 202 Mount Vernon, WA 98273
info@mvlibraryfoundation.org

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