



The Seattle Public Library Foundation

DONATION FORM

DONOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

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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 and materials

GIFT PAYMENT

- My check is enclosed payable to: **The Seattle Public 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: _____

(Please submit electronically or mail form)

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.

Please mail to:

The Seattle Public Library Foundation
PO Box 3951, Seattle, WA 98124
ph. 206.386.4130 foundation@supportspl.org

Thank you for supporting The Seattle Public Library Foundation.

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