

Annual Fund Drive

Please print out this form and mail it with your donation to:

Rockford Public Library Foundation
215 N. Wyman Street
Rockford, IL 61101

Please make checks payable to:

Rockford Public Library Foundation

I would like to donate:

- \$1,000 + \$ 150 \$ 250
 \$ 500 \$ 100 \$ 50
 Other Amount _____

You can assign your gift to one of these programs or needs:

- Endowment Summer Reading Club As Needed Children's Programs

Please print all information:

Name

Address

City

State

Zip

My E-mail Address:

Matching Gift :

- My employer offers a Matching Gift Program.

(Please include matching gift form from your
Human Resources Office)

Employers Name: _____

Employer's Phone Number: _____

Please charge my credit card:

-  

Credit Card Number: _____

Expiation Date: _____

V-Code: _____

(Last 3 digits on back of card)

Name of Cardholder (Please Print): _____

Signature: _____

Your support is greatly appreciated and 100% tax deductible as allowed by law.

Thank you for your generous support!

If you have questions or need more information please call: The Development Officer at 815-987-6611

www.rockfordpubliclibrary.org