

**DONATION FORM**  
Campaign for the East Branch Library

**THREE GIVING OPTIONS:**

My **CHECK** is enclosed payable to:  
The RPL East Branch Campaign.

\$50    \$100    \$500    \$1,000    Other: \_\_\_\_\_

Please charge my **CREDIT CARD**:

Amount \$ \_\_\_\_\_       Visa       Mastercard

Name on card: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

**PLEDGE:** (Your gift can be paid over a one year period.)

I wish to give a gift in the amount of \$ \_\_\_\_\_  
to be paid as follows:

Initial payment of \$ \_\_\_\_\_ is enclosed;

I prefer to be billed:

Monthly       Quarterly

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**You can double the amount of your gift through  
your employer's Matching Gift Program**

I have enclosed and signed the appropriate form.

*Call your H.R. Office for information about the Matching Gift Program*

Naming opportunities are available for gifts of  
\$5,000 and up. Please call the Development Office  
at 815.987.6611 for more information.

Please list my/our name(s) as

\_\_\_\_\_ in all forms of donor recognition.

**In order to process your gift, please fill  
out the following information:**

(Type or print legibly)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Mail to:

The Rockford Public Library East Branch Campaign  
ATTN: Development Officer  
215 N. Wyman Street  
Rockford, IL 61101

Or fax to:

815.965.0866



The Rockford Public Library East Branch Campaign  
215 N. Wyman Street  
Rockford, IL 61101

**Thank you for your contribution!**

Your gift is 100% tax deductible as allowed by law.