

CHAPEL HILL PUBLIC LIBRARY FOUNDATION

DONOR INFORMATION

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GIFT AMOUNT

Choose one of the following:

One gift of \$_____ to help the Library

Recurring gift of \$_____ on the following schedule:

Monthly through (month/year) _____

Quarterly through (month/year) _____

Annually through (month/year) _____

I would like to direct my gift to:

Where the need is greatest

Books and materials

Adult Collection

Children's Collection

Other (please identify): _____

(Optional) This is a special gift:

In Memory of: _____

In Honor of: _____

GIFT PAYMENT

My check is enclosed payable to: The Chapel Hill Public Library Foundation

This gift will be matched by my employer: _____

OTHER INFORMATION

I understand that I will be included in donor listings

Please keep my gift anonymous

MAIL THIS FORM TO:

Chapel Hill Public Library Foundation

P.O. Box 4771

Chapel Hill, NC 27515-2771