

CHAPEL HILL PUBLIC LIBRARY FOUNDATION

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail address: _____

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
Suite 145, McClamroch Hall
88 VilCom Circle
Chapel Hill, NC 27514