



The Seattle Public Library Foundation

DONATION FORM

DONOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

GIFT AMOUNT & FUND

Choose one of the following:

- Pledge/gift of \$ _____ on the following schedule:
 - Initial payment enclosed of \$ _____
 - Monthly through (month/year) ____/____
 - Quarterly through (month/year) ____/____
 - Annually through (month/year) ____/____
- One-time gift of \$ _____ to help the Library

(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: _____

Day Phone: _____ Work Phone: _____

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 or AmEx)

Name on card: _____

Card number: _____ Exp. Date: _____

- This gift will be matched by my employer: _____

(Please enclose or mail form separately)

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 or fax to:

The Seattle Public Library Foundation
1000 Fourth Ave, Seattle, WA 98104
ph. 206.386.4130 fax 206.386.4132

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