

Pledge of Intent to Support THE MARION PUBLIC LIBRARY



The Campaign to Transform
the Marion Public Library

Donor Name(s): _____

Email Address: _____

City: _____ State: _____ Zip: _____

Telephone: (office) _____ (home) _____
(cell) _____

I/We pledge a TOTAL of \$ _____ to the Marion Public Library capital campaign.

Enclosed please find \$ _____

The remainder of this commitment will be fulfilled with payments of \$ _____

which will be contributed: annually semi-annually quarterly monthly

for: 1 year 2 years 3 years (You will be sent a reminder.)

My/My spouse's company will match my/our gift: _____
Company Name(s)

Please contact me about a stock or other form of gift.

Individual name(s) or organization name to be listed for gift recognition as you want them to appear:

My gift is in honor of or in memory of _____

I/We would like our gift to be recognized through a naming opportunity of:

I/We would like our gift to remain anonymous.

Signature(s) _____ Date: _____

_____ Date: _____

Make gift(s) payable to: Marion Public Library
1095 6th Avenue
Marion, IA 52302
MarionPublicLibrary.org

Contributions to the Friends of the Marion Public Library, a 501(c)(3) nonprofit organization, in support of the campaign are tax-deductible to the greatest extent of the law.