Pledge of Intent to Support
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
1064 7th Avenue
Marion, IA 52302
MarionPublicLibrary.org

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