**DONATION FORM**

Name(s):

Address:

City: State: Zip:

Home Phone: \_ Cell Phone:

E-mail Address:

# GIFT AMOUNT & FUND

## Choose one of the following:

* One-time gift of $
* Pledge/gift of $ \_ on the following schedule:
	+ Initial payment of $ enclosed
	+ Monthly through (month/year) /
	+ Quarterly through (month/year) /

## (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:

## I would like to direct my gift to:

* Where the need is greatest
* Foundation Programs
	+ Witte Lecture Series
	+ Library Live lecture series
	+ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# GIFT PAYMENT

* My check is enclosed payable to: **Newport Beach Public Library Foundation**
* Please charge my credit card (VISA, MasterCard, DISC or AmEx)

Name on card:

Card number: \_ Exp. Date:

* This gift will be matched by my employer:

(Please submit form)

# OTHER INFORMATION

* Please keep my gift anonymous. I understand that I will not be included in donor listings.
* I decline benefits in order to have my gift fully tax-deductible
* 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 to:

## The Newport Beach Public Library Foundation/ 1000 Avocado Ave./ Newport Beach, CA 92660