



Date _____

DONOR RECOGNITION

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Primary phone _____ Cell phone (if different) _____

Email _____

DONOR RECOGNITION

Please list my / our name(s) as _____

I / We wish to be listed as anonymous

GIFT INTENTION

I / We agree to a total contribution of \$ _____ over _____ years to provide

Capital support Endowment support Programming support Systemwide operating support

Notes: _____

My / Our contribution shall be fulfilled as indicated:

One-time, single payment

Installments of \$ _____
Installations shall begin on the _____ day of _____, 20 _____

- Annually
- Bi-annually
- Quarterly
- Monthly

Please contact me / us to discuss other gift options (real estate, stock, in-kind, charitable gift annuity, charitable remainder trust)

This gift will be matched by

Signature _____ Date _____

PAYMENT INFORMATION

I / We agree to the following payment and / or installment payments:

Full payment made with the entry of this gift intention Credit / debit card Check enclosed

Please invoice me:

Full amount Installments as indicated above Auto-draft as indicated from credit / debit card

Card type: Visa MasterCard Discover American Express

Cardholder name _____

Credit card number _____ CVV _____ Expiration _____

For questions or concerns about this gift, please contact Teleia White at 704.416.0803 or twhite@cmlibrary.org