

CHARLOTTE MECKLENBURG LIBRARY
FOUNDATION

DONATION FORM

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For questions or more information, please call 704-416-0800.

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- Please charge my credit card (*Visa, MasterCard, Discover or American Express*).
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- My employer _____ will match this gift. A matching gift form, or an electronic request, has been submitted to my employer.

Optional Information

Please use my gift for the following:

- Where the need is greatest
- Systemwide programs and technology
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- Please keep my gift anonymous. I understand that I will not be included in donor listings.
- I am interested in hearing about options for benefitting the Library in my estate plans.
- The Library has been remembered in my will.

Please mail to: Charlotte Mecklenburg Library Foundation, 300 East Seventh Street, Charlotte, NC 28202

Thank you for your support.