QUATREFOIL LIBRARY DONATION PLEDGE FORM

Make a secure contribution at https://qlibrary.org/support/donate/ or complete this form below and return by mail or email to Quatrefoil Library.

First Name _____ Last Name _____

Cell Phone Number _____ Email Address _____

Mailing Address _____ City _____

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PLEASE ACCEPT MY DONATION PLEDGE

My contribution will be made (circle one) via:

- My contribution of $_____ is enclosed via check or credit card info listed below.
- My total gift is $ _____, to be paid in installments of $ _____ per year for _____ years, beginning in _____ (month/year) via check or credit card info listed below.
- I plan to make a gift of stock or other securities. Please contact me with transfer details.
- I plan to recommend that my Donor-Advised Fund administrator make payment(s) to Quatrefoil Library.
- I plan to recommend that my IRA administrator make payment(s) to Quatrefoil Library.
- I need to discuss a payment plan. Please contact me.

Signature _____ Date _____

OPTIONAL MEMORIAL OR TRIBUTE INFORMATION

My gift is given (circle one)

- In memory of
- In honor of _____ Name of Deceased or Honoree

PAYMENT

My payment will be made (circle one) via:

- Check (US funds) payable to Quatrefoil Library
- Credit card: Mastercard, VISA, AmEx, Discover, Other

Cardholder Name (as it appears on credit card) _____ Authorized Signature _____

Account Number _____ Security Code _____ Expiration Date _____

Billing Address _____ City _____

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For your tax records: No goods or services were provided in exchange for this contribution.
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