



**Giving Form**

**Donor Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Gift Amount:**

\$25       \$50       \$75   
\$100       \$500       Other \$ \_\_\_\_\_

*Pledge:*

I would like to pledge \$ \_\_\_\_\_ over \_\_\_\_\_ months to be charged to my credit card.

*Please apply my gift to:*

\_\_\_\_\_ Endowment Fund      \_\_\_\_\_ Library programs      \_\_\_\_\_ Directors' Initiative  
\_\_\_\_\_ Tribute/Memorial      \_\_\_\_\_ Honor with Books\*      \_\_\_\_\_ Pet Memorial \*  
*\* \$25 minimum donation*

\_\_\_\_\_ In Memory of \_\_\_\_\_  
\_\_\_\_\_ In Honor of \_\_\_\_\_

*Please send an acknowledgement of my gift in memory or honor to:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Gift Payment:**

\_\_\_\_\_ Check enclosed, payable to **The Library Foundation**

\_\_\_\_\_ Please charge my: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

Account # \_\_\_\_\_

Exp. \_\_\_\_\_ Sec. Code \_\_\_\_\_

Signature \_\_\_\_\_

- \_\_\_\_\_ A matching gift program is offered through my employer. A gift form is enclosed.
- \_\_\_\_\_ I would like to remember the Library in my Will. Please contact me with information.
- \_\_\_\_\_ I would like to give a gift of stock or property. Please contact me with information.

**Please mail or fax to:**

The Cincinnati Library Foundation  
800 Vine Street  
Cincinnati, Ohio 45202-2009  
Phone: 513-369-4595      Fax: 513-369-6993  
[www.cincinnati.libraryfoundation.org](http://www.cincinnati.libraryfoundation.org)

Thank you for supporting the Library Foundation. The Foundation is a 501(c)(3) charitable organization.  
All gifts are **tax deductible** to the extent allowed by law.