



## Giving Form

### Donor Information:

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

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

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

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

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

### Gift Amount:

\_\_\_\_\_ \$ 25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$75 \_\_\_\_\_ \$100  
\_\_\_\_\_ \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 Other: \$ \_\_\_\_\_  
\_\_\_\_\_ I would like to pledge \$ \_\_\_\_\_ over \_\_\_\_\_ months to be charged to my  
credit card .

Please apply my gift to:

\_\_\_\_\_ Endowment Fund \_\_\_\_\_ Library programs \_\_\_\_\_ 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.