



**THE LIBRARY
FOUNDATION**
of Cincinnati & Hamilton County

Giving Form

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

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 _____ Please charge my: _____ Visa _____ MasterCard _____ American Express
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- _____ 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 to:

The Cincinnati Library Foundation
 800 Vine Street
 Cincinnati, Ohio 45202-2009
 Phone: 513-369-4595
www.cincinnati.libraryfoundation.org

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