



# Donation Form

I/We wish to support the Erie County Public Library Foundation and agree to make a pledge/gift of \$ \_\_\_\_\_ to be paid within the next \_\_\_\_\_ year(s).

**I/WE INTEND TO PAY THIS GIFT IN:**

\_\_\_\_ One Payment    \_\_\_\_ Annually    \_\_\_\_ Semi-Annually    \_\_\_\_ Quarterly    \_\_\_\_ Monthly

**INITIAL PAYMENT:**

\_\_\_\_ Is enclosed    \_\_\_\_ Will be paid on or before \_\_\_\_\_

**PLEASE USE MY GIFT AS FOLLOWS:**

\_\_\_\_ Unrestricted    \_\_\_\_ Designated for: \_\_\_\_\_

**NON-CASH GIFTS:**

\_\_\_\_ I intend to make payment with a gift of securities.

**MATCHING GIFTS:**

\_\_\_\_ My company matches charitable gifts. I have enclosed the form.

\_\_\_\_ I work for \_\_\_\_\_

\_\_\_\_ My spouse's company matches charitable gifts. I have enclosed the form.

\_\_\_\_ My spouse works for \_\_\_\_\_

**HONOR/MEMORIAL GIFTS:**

My gift is in honor/memory of:

\_\_\_\_\_

Please notify the following of my honor/memorial gift:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

NAME(S) (PLEASE PRINT) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TEL. (\_\_\_\_) \_\_\_\_\_

SIGNATURE(S) \_\_\_\_\_

Contributions are tax deductible as provided by law. Checks should be made payable to the Erie County Public Library Foundation, 160 East Front Street, Erie, PA 16507. Questions should be directed to: James Spiegel, Foundation Board Chairman or Michelle L. Sanson, Development Consultant at 814-451-7337 or by email at [ecplfoundation@erielibrary.org](mailto:ecplfoundation@erielibrary.org).