



# The Campaign for the East Moline Public Library

Today's Date: \_\_\_\_\_ Donors Names: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (If different than above): \_\_\_\_\_

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

## GIFT/PLEDGE INFORMATION

Total pledge amount, \$ \_\_\_\_\_, to be paid as follows:

*(We respectfully request that pledges be completed within five years.)*

In one payment     Monthly     Quarterly     Yearly

My first gift of \$ \_\_\_\_\_, to be made on this date: \_\_\_\_\_.

Total 2019 gifts will equal: \_\_\_\_\_ Total 2020 gifts will equal: \_\_\_\_\_

Total 2021 gifts will equal: \_\_\_\_\_ Total 2022 gifts will equal: \_\_\_\_\_

Total 2023 gifts will equal: \_\_\_\_\_ Total 2024 gifts will equal: \_\_\_\_\_

Please send reminders (check one):  Monthly     Quarterly     Yearly     Other (see below)

Special giving instructions include: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## METHOD OF PAYMENT

Check: \$ \_\_\_\_\_ (Please make checks payable to East Moline Public Library Fund)

Electronic Funds Transfer: \$ \_\_\_\_\_ (Donations can be made online at The Moline Foundation website [www.molinefoundation.org](http://www.molinefoundation.org), add East Moline Public Library Fund to the comment line)

Stock (Contact Person): \_\_\_\_\_

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

## DONOR RECOGNITION

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to remain anonymous \_\_\_\_\_

For questions regarding your East Moline Public Library Fund Pledge please contact: *Claudia Meenan, Director of Donor Services and Operations* [cmeen@molinefoundation.org](mailto:cmeen@molinefoundation.org) (309) 736-3800

Please return this form: East Moline Public Library Fund c/o The Moline Foundation 1601 River Drive, Suite 210 Moline, IL 61265



East Moline Community Fund  
For our community. Forever.

