

Pledge of Intent to Support THE MARION PUBLIC LIBRARY



The Campaign to Transform
the Marion Public Library

Donor Name(s): _____

Email Address: _____

City: _____ State: _____ Zip: _____

Telephone: (office) _____ (home) _____
(cell) _____

☐ I/We pledge a TOTAL of \$ _____ to the Marion Public Library capital campaign.

Enclosed please find \$ _____

The remainder of this commitment will be fulfilled with payments of \$ _____

which will be contributed: ☐ annually ☐ semi-annually ☐ quarterly ☐ monthly

for: ☐ 1 year ☐ 2 years ☐ 3 years (You will be sent a reminder.)

☐ My/My spouse's company will match my/our gift: _____
Company Name(s)

☐ Please contact me about a stock or other form of gift.

Individual name(s) or organization name to be listed for gift recognition as you want them to appear:

My gift is ☐ in honor of or ☐ in memory of _____

☐ I/We would like our gift to be recognized through a naming opportunity of:

☐ I/We would like our gift to remain anonymous.

Signature(s) _____ Date: _____

_____ Date: _____

Make gift(s) payable to: Marion Public Library
1064 7th Avenue
Marion, Iowa 52302
MarionPublicLibrary.org

*Contributions to the Marion Public Library
Foundation, a 501(c)(3) nonprofit organization,
in support of the campaign are tax-deductible to
the greatest extent of the law.*