

Donor Pledge Form to the Renew & Inspire Capital Campaign

This form is for recurring donations.

DONOR INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

REMINDER PREFERENCE FOR PLEDGE COMMUNICATION: ☐ EMAIL ☐ MAIL

GIFT AND PLEDGE INFORMATION

I/WE WOULD LIKE TO MAKE A TOTAL GIFT OF \$_____ TO THE RIVER FALLS PUBLIC LIBRARY

☐ **Enclosed check payable to: River Falls Library Foundation**

Drop check off at the library or mail to: River Falls Library Foundation, PO Box 592, River Falls, WI 54022

☐ **Multiple installments to be made over:** ☐ 1 year ☐ 2 years ☐ 3 years ☐ Other _____

First payment is: ☐ Enclosed ☐ Will be made on/before ____/____/____

Future payments will be made: ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Other _____

Signature _____ Date ____/____/____

DONOR RECOGNITION

We consider it an honor to recognize our donors for their support.

Please let us know how you would like your name(s) to appear in any donor recognition opportunities.

☐ I/we wish for our name(s) to be listed as (please print): _____

☐ I/we wish to remain anonymous

☐ Please designate my gift: ☐ In Honor of: _____ ☐ In Memory of: _____



**For more information or to request a donor consultation,
please call the library at (715) 941-2046 or complete the
online request form at riverfallspubliclibrary.org/foundation**

THANK YOU FOR YOUR SUPPORT

River Falls Library Foundation is a registered 501(c)(3) nonprofit organization.
All donations are tax-deductible as prescribed by law, and you will receive a donation receipt.

