

Leominster Public Library Building Fund

Leominster Public Library, 30 West Street, Leominster, MA 01453
978-534-7522, 978-840-3357 (fax) www.leominsterlibrary.org

Name(s): _____

Address: _____

City, State, Zip: _____

Phone number(s): _____

___ I/we pledge (not to exceed 3 years):

Total commitment: \$ _____

Initial payment enclosed: \$ _____

Pledge balance: \$ _____

Payments beginning on: (date) _____

Signature: _____ Date: _____

Please make checks payable to: **Leominster Library Building Fund**

Leominster's Crown Jewel

Expands

Please send me reminders:

- ___ Annually
- ___ Semi-annually
- ___ Quarterly

___ I wish to pay/pledge by credit card (see other side)

___ My gift will be matched by

___ Special instruction regarding my donation (see other side)

Credit Card Payment/Pledging

I authorize the Community Foundation of North Central MA/Leominster Library Building Fund to make a 1 x charge to my credit card

I authorize the Community Foundation of North Central MA/ Leominster Library Building Fund to automatically charge my credit card

\$ _____ monthly, toward my pledge until the total pledge amount is reached or until I request the payments to be stopped

Credit card # _____ **Expiration date:** _____ (mo./yr.)

Please check type: VISA / Master Card / American Express / Discover

Special Instructions

I wish to make my gift in honor/memory of _____

You may use my name as a supporter

I wish to remain anonymous

I would like to discuss a naming opportunity, special gift, bequest and/or planned giving.
Please contact me.

For further information contact Susan Shelton, Library Director 978-534-7522, sshelton@cwmars.org