

**Campaign for the Blackstone
Branford's Community Library Since 1896
Donation Transmittal Form**



Donor Information

Name _____

Address _____

City _____ State _____ Zip-Code _____

Phone _____ e-mail _____

Signature _____ Date / / _____

Donor Recognition *(Donors will be recognized in Campaign materials unless anonymous gift is requested)*

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

I (we) wish to remain anonymous

Naming Opportunity (if any) _____

Pledge/Payment Information

I (we) hereby pledge to support the Campaign for the Blackstone.

I (we) pledge a total of \$ _____. Amount enclosed: \$ _____

Please note that only payments received by 3/1/2018 will count towards the required match for the State Library grant.

Payable as follows :	<u>Amount</u>	<u>Date</u>
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

I (we) plan to make my (our) contribution in the form of:

cash check charge stock other _____

Please charge my Credit Card: VISA MasterCard Discover

Credit Card Number: _____ Expiration: _____ (MM/YY)

Authorized Credit Card Signature: _____ Card Security Code: _____

My gift will be matched by _____ *(Company/Foundation/Family)*

Payments/pledges may be sent to:

James Blackstone Memorial Library | 758 Main Street | Branford, CT 06405
Attn: Development Office

The James Blackstone Memorial Library is a nonprofit 501(c)3 organization.
Gifts to the Blackstone are tax-deductible as allowed by law.

Thank you for your support!