

Edgartown Public Library Capital Campaign Pledge Form

I/We, _____

Please write name as you wish it to appear

hereby pledge a total sum of \$ _____

to the Edgartown Public Library Capital Campaign.

Checks should be payable to the Edgartown Library Foundation, Inc.

My/Our payment(s) will be made as follows:

\$ _____ 1st Year: _____

\$ _____ 2nd Year: _____

\$ _____ 3rd Year: _____

\$ _____ 4th Year: _____

\$ _____ 5th Year: _____

Beginning _____

Month / Year

Please remind us of this pledge.

Method of Payment

Check enclosed

Stock: _____

Please charge my gift to Master Card Visa American Express

Account # _____ Expiration date _____

Month / Year

I/We wish this gift to be

used where it is most needed

restricted to _____

I/We wish this gift to be in Honor of: Memory of:

I understand this gift may be used as a match for the following Challenge Grant:

I/We wish this gift to remain anonymous.

My company will match my gift. Please contact: _____

Company

Contact Point

Signature _____ Date _____

Mailing address _____

Send to: Edgartown Library Foundation, P.O. Box 5075, Edgartown, MA 02539 tel: 508.627.4355