

Yes! I want to make a difference in the Fort Worth Community.

DONATION FORM

DONOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____

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GIFT AMOUNT

Choose one of the following:

- One time gift of \$ _____ to help the Fort Worth Public Library Foundation.
- Pledge/gift of \$ _____ on the following schedule:
 - Initial payment of \$ _____ enclosed.
 - Monthly through (month/year) ____/____
 - Quarterly through (month/year) ____/____

(Optional) This is a special gift:

In memory of: _____ In honor of: _____

Please send an acknowledgement to the honoree or next of kin listed:

Name(s): _____

Address: _____

City: _____ State: _____ Zipcode: _____

GIFT PAYMENT

- My check is enclosed payable to: **The Fort Worth Public Library Foundation**
- Please charge my credit card (VISA, MasterCard, DISC or AmEx)

Name on card: _____ Security Code: _____

Card number: _____ Exp. Date: _____

OTHER INFORMATION

- Please keep my gift anonymous. I understand that I will not be included in donor listings.
- I would like to receive periodic emails about Foundation initiatives and events.
- I am interested in hearing about my options for leaving the Library Foundation a legacy gift.
- The Library Foundation has been remembered in my will.



THE FORT WORTH
PUBLIC LIBRARY
FOUNDATION

Please mail to:
The Fort Worth Public Library Foundation
500 West 3rd Street
Fort Worth, Texas 76102-7305

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