



Marksbury Family Branch Capital Campaign Pledge Form

Donor Information (please print or type)

Name _____
Billing Address _____
City, State, Zip _____
Phone _____
Email _____

Pledge Information

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

I (we) will fulfill this pledge with a one-time payment on _____ (date).

I (we) will fulfill this pledge through annual semi-annual quarterly monthly payments of \$_____ beginning on (date)_____.

I (we) plan to make this contribution in the form of: check credit card stock transfers other:

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

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

I (we) wish to have our gift remain anonymous.

Signature(s) _____ Date _____

**Please make checks, corporate matches, or other
gifts payable to:**

**Lexington Public Library Foundation
140 East Main St.
Lexington, KY 40507**

Questions or concerns? Please contact Anne Donworth adonworth@lexpublib.org 859-231-5557 or
Paige Halpin Smith psmith@lexpublib.org