



DONOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E Mail _____

GIFT AMOUNT

Choose one of the following:

- One gift of \$_____ to help the Library.
- Recurring gift of \$_____ Monthly Quarterly Annually (circle one)

(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: _____ Zip: _____
 Phone: _____

GIFT PAYMENT

- My check is enclosed payable to: San Diego Public Library Foundation
- Please charge my credit card (VISA, MasterCard)

Name of card: _____

Card number: _____ Exp. Date: _____

Signature: _____ Date: _____

This gift will be matched by my employer: _____
(Please enclose or mail form separately)

OTHER INFORMATION

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

Please mail or fax to: San Diego Public Library Foundation
 820 E Street
 San Diego, CA 92101
 Phone: 619-238-6638 Fax: 619-236-5878