

Walter E. Olson Memorial
**LIBRARY
FOUNDATION**
Campaign

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
E-mail Address: _____

In support of the Olson Memorial Library *"Right Before Your Eyes"* Campaign, I/we wish to contribute as indicated below:

1. PLEDGE AMOUNT		2. GIFT PAYMENT TERMS (Make checks payable to: Olson Memorial Library Foundation)	
Total Amount I/We wish to Pledge: \$ _____		Payments will begin in the month of (circle one): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	
To be paid: <input type="checkbox"/> As a one-time gift <input type="checkbox"/> Over 3 years <input type="checkbox"/> Over 5 years <input type="checkbox"/> Other _____		Payments will be made: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Please do not send billing reminders unless I/we fall behind in payments. <input type="checkbox"/> Please find enclosed a gift payment of \$ _____.	
3. PUBLIC ACKNOWLEDGEMENT Donors contributing \$250 or more will be recognized in the new library. At a later date, donors will be personally contacted to determine the preferred wording.			
<input type="checkbox"/> I/we wish to remain anonymous. Please do not publish my name as a contributor to the <i>"Right Before Your Eyes"</i> Campaign.			
4. SIGNATURE: _____		DATE: _____	
Signature is required . Without a signature, Olson Memorial Library Foundation will be unable to process your donation. Please remit this Pledge Card if paying with a one-time check. The Foundation (a 501©3 organization) will confirm your gift in writing for your tax/bookkeeping records.			