



Birchard Library Association Foundation Capital Campaign Donation Form

Donors of \$500 or more will be acknowledged on the Capital Campaign Donor Wall.

Yes! I wish to show my support of the library addition and renovation.

___ I wish to sponsor this specific item from the list provided: _____ (optional)

My/Our donation will be made as follows:

One-time gift Date _____ Amount \$ _____

Installment Payment (check one)

___ Monthly ___ Quarterly ___ Semi-Annually ___ Annually

Start Date _____ Amount \$ _____

PAYMENT OPTIONS

___ Check payable to: Birchard Library Association Foundation. Mail to: Birchard Library Association Foundation, 423 Croghan Street, Fremont, OH, 43420

___ [PayPal](#)

PLEASE PRINT NAME(S) AS YOU WOULD LIKE TO BE ACKNOWLEDGED:

NAME(S): _____

Address: _____ City: _____ State: _____ Zip Code _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Notes: Is this donation in honor or memory of someone?

___ Check here if this gift is to be acknowledged as "anonymous."