

Signature:__

Yes! I/We wish to invest in our community through a gift to the Mondovi Public Library Capital Campaign in support of building the new Library facility.

One-time contribution of \$_____

	A pledged contribution of \$(total)
	SY/C LIBRY
S	I wish to have this contribution support a Recognition Opportunity: (Please indicate the designated naming opportunity chosen or other information in connection with your contribution)
Giving Options	☐ I wish to remain anonymous. Please do not publish my name as a donor.
ving (☐ This contribution is in <i>honor</i> of
Ġ	☐ This contribution is in <i>memory</i> of
	My company will match this gift (Company name)
	Your name(s)
ion	Name as it should appear in publications
Donor Information	Address
or Inf	Primary phone
Done	Secondary phone Cell Home Work
	E-mail address
Pledge	I/We pledge a total of \$ to the Mondovi Public Library Capital Campaign in payments.
	☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Other
ent	☐ Enclosed is a check made payable to the Mondovi Public Library Building Fund.
Payment	☐ I will send my first payment by:(date)

All donated funds will be used for capital expenditures for the Mondovi Public Library Building Project.

Date:

Please make your check payable to Mondovi Public Library Building Fund.

Please mail or return to Mondovi Public Library, 146 W Hudson St. Mondovi, WI 54755