

ATLANTA-FULTON PUBLIC LIBRARY FOUNDATION
DONATION FORM

DONOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

GIFT AMOUNT & FUND

Choose one of the following:

Recurring gift of \$ _____ on the following schedule:

Monthly through (month/year) ____/____

Quarterly through (month/year) ____/____

Annually through (month/year) ____/____

One-time gift of \$ _____ to help the Library

I would like to direct my gift to:

Where the need is greatest

Programs for library users

Books and materials

(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: _____

Day Phone: _____ Evening Phone: _____

GIFT PAYMENT

My check is enclosed payable to: **Atlanta-Fulton Public Library Foundation**

Please charge my credit card (VISA or MasterCard)

Name on card: _____

Card number: _____ Exp. 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 emails about Foundation 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 will.

Please mail or fax to:

Atlanta-Fulton Public Library Foundation
One Margaret Mitchell Square; Atlanta, Georgia 30303
Phone 404.730.1700

Thank you for supporting the Atlanta-Fulton Public Library Foundation. The Foundation is a 501(c)(3) charitable organization. All gifts are tax deductible to the extent allowed by law.

Web: donor form