

Gloversville Public Library Capital Campaign Gloversville Enlarged School District Group Pledge Form

Choose from the following three options

Option 1: Payroll Deduction

I hereby make a personal commitment to: *The Gloversville Public Library Capital Campaign* to contribute a biweekly gift in the amount of \$_____ to be paid using payroll deductions through the G.E.S.D. beginning with the next pay period of the 2015-2016 school year and continuing for a period of five years.

My gift may qualify for matching funds from my spouse's employer (Please give name of corporation):

(contact the campaign office for more information)

All donations to the Gloversville Library's Capital Campaign are tax deductible to the fullest extent allowed by law.

Donor Information

Name of donor: _____

Last four digits of social security number ____ *required by G.E.S.D. business office

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

Email: _____ Phone: _____

I am a: Teacher Administrator Support Staff

I am located in the following building: _____

I do NOT want my name or other information used in any campaign publications or publicity.

Signature: _____ Date: _____

Mail any correspondence to:
Gloversville Public Library Capital Campaign
58 East Fulton Street, Gloversville, NY 12078

Questions or Concerns?
Contact the Campaign office.
518-725-2819 GPLcapitalcampaign@gmail.com

PLEASE RETURN COMPLETED FORMS TO YOUR BUILDING'S MAIN OFFICE.

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Option 2: Pledge

I hereby make a commitment to: *The Gloversville Public Library Capital Campaign* to contribute:

A total gift of \$ _____

Enclosed is a payment of \$ _____ with a balance of \$ _____ to be paid over the next five (5) years
in the following installments: ___ Semi Annually ___ Annually ___ Other (specify) _____

To begin on _____

Option 3: One-time Donation

In lieu of a pledge I prefer to give a one time donation of \$ _____

All donations to the Gloversville Library's Capital Campaign are tax deductible to the fullest extent allowed by law.

Donor Information

Name of donor: _____

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

Email: _____ Phone: _____

I do NOT want my name or other information used in any campaign publications or publicity.

Signature: _____ **Date:** _____

Please make all checks payable to: ***GPL Capital Campaign***

For credit card payments, please provide: Mastercard Visa Other _____

Name as it appears on the credit card: _____

card number: _____

Expiration date: _____ Security code: _____

Mail all gifts and correspondence to:
Gloversville Public Library Capital Campaign
58 East Fulton Street, Gloversville, NY 12078

Campaign Contact information:
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