

# ALUMNI PLEDGE FORM

Use this form for donations in support of a class group donation.  
Personal and Family Pledge forms are also available.

## **Section 1: Alumni Donation**

I/We 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 \_\_\_\_\_

In lieu of a monetary donation I/we prefer to give as follows: \_\_\_\_\_

(e.g. a gift of stock) (A member of the campaign office will contact you to complete this contribution.)

My gift may qualify for matching funds from: \_\_\_\_\_

(Please give name of corporation)

**Please indicate which class here: Class 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(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We 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:*  
518-725-2819 [GPLcapitalcampaign@gmail.com](mailto:GPLcapitalcampaign@gmail.com)