

**Become a**



We wish to invest in the Belleville area community through a gift for our new Library!

**DONOR INFORMATION**

Donor Name(s): \_\_\_\_\_

This contribution is in  honor or  memory of \_\_\_\_\_

I prefer to remain anonymous.

Address: \_\_\_\_\_  HOME  WORK

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

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

**GIFT**

I wish to have this contribution support: (Please indicate naming opportunity chosen or any other information in connection with your gift.) \_\_\_\_\_

**PAYMENT INFORMATION**

I/We will make a one-time gift/pledge of \$ \_\_\_\_\_  
OR

I/We will make pledge payments of \$ \_\_\_\_\_ per year over \_\_\_\_\_ years (5 years maximum)  
for a total gift of \$ \_\_\_\_\_

Please send me annual pledge reminders

**Check:** Payments of \$ \_\_\_\_\_ will be made:  Annually  Quarterly  Monthly

Checks payable to: *Madison Community Foundation (memo "Belleville Public Library Fund")*

Mail to: **Belleville Public Library**  
**P.O. Box 140**  
**Belleville, WI 53508**

**Electronic Funds Transfer** (minimum \$20/month): Payments of \$ \_\_\_\_\_ will be made:  
 Monthly  Annually Please complete the EFT form on the back and return with a voided check.

**Credit Card:** I will make credit card payments at: [www.madisongives.org/Belleville](http://www.madisongives.org/Belleville)  
Please be advised that the credit card merchant processing fee will reduce the amount of your donation.

Please contact me regarding  a transfer of stock or  a planned gift.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR YOUR COMMITMENT TO THE NEW  
BELLEVILLE PUBLIC LIBRARY AND COMMUNITY CENTER**  
All gifts are tax deductible to the fullest extent of the law.

---

**Authorization for EFT Debit**

DONOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

**I hereby authorize Madison Community Foundation to debit my checking account**

Account number \_\_\_\_\_

Bank Routing number (ABA) \_\_\_\_\_

Choose one:

**MONTHLY**

In the amount of (minimum of \$20/month) \$ \_\_\_\_\_  
*Processed each month on the 15th*

or

**ANNUALLY**

In the amount of (minimum of \$200/year) \$ \_\_\_\_\_  
*Processed each December on the 15th*

As a contribution to the following Fund:

**BELLEVILLE PUBLIC LIBRARY FUND**

**I understand that this authorization will remain in effect until my pledge is paid or until revoked in writing.**

Donor Signature \_\_\_\_\_

DATE \_\_\_\_\_

***Please include a voided check with this form and mail to:***

**Madison Community Foundation  
2 Science Court, Suite 3  
Madison, WI 53711**