

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
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
111 N. Fairchild St, Suite 260
Madison, WI 53703**