



DONATION PLEDGE FORM
*YES! I WANT TO JOIN
BELLEVILLE'S EXCEPTIONAL MEN
TO HELP FUND THE COMPUTER AREA
IN THE NEW BELLEVILLE PUBLIC LIBRARY*

DONOR INFORMATION (One name per \$1,000 donation)

Donor Name(s): _____

Recognize as: _____ OR _____ I/we wish to remain anonymous
(man's name as it will read on the Belleville's Exceptional Men Donor Plaque)

May we use your name in campaign materials and publicity? Yes No

Address: _____ HOME WORK

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

GIFT

_____ I/We would like to make a gift/pledge of **\$1,000** to the BELLEVILLE PUBLIC LIBRARY BUILDING FUND for the **Computer Area** as part of the **Belleville's Exceptional Men Initiative**

PAYMENT INFORMATION

_____ I will make a one-time gift of \$1,000 OR _____ I will make pledge payments totaling \$1,000
(over no more than five years)

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 annual credit card payments of \$200 at: www.madisongives.org/Belleville

Please give this form to Roger Hillebrand, bring it to the Library at 130 S. Vine Street, or mail to Belleville Public Library, P.O. Box 140, Belleville, WI 53508 / ATTN: Bronna Lehmann

**THANK YOU FOR YOUR COMMITMENT TO THE BELLEVILLE PUBLIC LIBRARY
AND THE NEW COMPUTER AREA!**

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**