



CAMPAIGN PLEDGE FORM

DONOR INFORMATION

Donor(s) _____
Address _____
City, State, Zip _____
Phone(s) _____
Email _____

TERMS OF PLEDGE

Total Amount of Pledge: \$ _____

Minimum pledge of \$25,000 for multi-year payment

Pledge to be paid as follows:

- I am supporting this campaign today with a gift of
\$ _____
- Multi-year payment over ____ years as follows:
- \$ _____ on _____, 2022
- \$ _____ on _____, 2023
- \$ _____ on _____, 2024

PAYMENT METHODS

- Check** payable to Friends of the Scarsdale Library
(Memo: Library in the Park)
- Credit Card** up to \$5,000
- Securities or Wire Transfer**
Contact Mona Longman, Treasurer
FOSLTreasurer54@gmail.com

Matching Gift

My/our gift will be matched by:

RECOGNITION

Please use the names below in all acknowledgements and recognition.

Preferred Recognition _____

- I am interested in a naming opportunity Naming opportunity (if known): _____

Donor Signature(s) _____ Date _____

Submit completed pledge forms by mail or email to:

Friends of the Scarsdale Library: FOSLTreasurer54@gmail.com

54 Olmsted Road, Scarsdale, NY 10583 | 914.722.1300 | www.scarsdalelibrary.org