

Learning Futures Pledge Form



Please complete all sections of this form. If you wish to donate anonymously please mark the anonymous bubble next to your name.

Your donation will help us achieve this vision and keep our library a beacon of civic pride well into the future. Thank you for your generous support!

DONOR INFORMATION

Name _____ I wish to remain anonymous

Address _____

City _____ State _____

Zip Code _____

Phone _____ Email _____

Would you like to tell us why you made a donation? (This information may be used in campaign literature)

DONATION INFORMATION

Total Gift: _____ In honor of In memory of _____

One time donation Multi-year donation not to exceed 5 years

\$ ___ By: ___/___/2020 \$ ___ By: ___/___/2021 \$ ___ By: ___/___/2022

\$ ___ By: ___/___/2023 \$ ___ By: ___/___/2024

Company Matched Gift Company Name: _____

Donation notes or directives: e.g. theater seat purchase or naming rights

Credit Card

Card Type: _____ Card Number: _____

Name on Card: _____ Expiration Date: _____ CVV Number: _____

Check Enclosed - checks made payable to McMillan Library

Signature _____ Date _____

If you have any questions please contact Vicki Steiner at 715-422-5129 or email vsteiner@mcmillanlibrary.org

Completed forms can be mailed to:

McMillan Library - Learning Futures
490 E Grand Ave
Wisconsin Rapids, WI 54494