



MORRISTOWN CENTENNIAL LIBRARY
Preserving the Past Building the Future

MORRISTOWN CENTENNIAL LIBRARY CAPITAL CAMPAIGN

Yes, I/We want to support the Morristown Centennial Library's Capital Campaign.

- I/We would like to pledge a one-time donation of \$_____.
- I/We would like to pledge a recurring donation of \$_____ per (month/quarter/year/other: _____), for a period of _____ (months/quarters/years/other: _____).

I/We prefer to pay this pledge by:

- Cash
- Check (Made out to Morristown Centennial Library Capital Campaign)
- Credit Card (Visa or Mastercard) (Because of processing fees, please do not use credit cards to make recurring donations of less than \$10/month).
- Assignment of Securities

For one-time payments by cash, check, or assignment of securities:

I/We will pay this pledge by _____, 2008.

For recurring payments by cash, check, or assignment of securities:

I/We will make our first payment by _____, 2008.

- I/We would prefer to have:
- no reminders sent for subsequent payments
 - reminders sent ___ days prior to due date

Please provide the following information for our records, and so we can send you a receipt for tax purposes. We will not share this information with anyone without your permission.

Name _____ Date _____

Address _____

Telephone _____ Email _____

Signature of Donor

Signature of Library Representative

Thank you for supporting this wonderful community resource!

CONFIDENTIAL WHEN COMPLETED AND SIGNED BY DONOR



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CREDIT CARD PLEDGE FORM

For payments by credit card:

Please fill out the attached credit card pledge form. This form will be used to process the credit card charge, and will be shredded as soon as the information has been entered. If you are making a recurring donation and have a choice of credit cards, please choose one that does not expire before the donation period is over. If your card does expire before the donation period is over, we will contact you for updated information.

Please also provide the information requested below; this information will be retained in our files to document your pledge.

Please provide the billing address that is on record with your credit card company.

First Name: _____

Last Name: _____

Middle Initial: _____ (only if it appears on your card)

Address Line 1: _____

Address Line 2: _____

Town/City: _____

State: _____

Zip Code: _____

Phone: _____

Type of Card: (Mastercard/Visa) (circle one)

Account Number: _____

Expiration Date: _____

Confirmation Code: _____ (last 3 digits in signature area on back of card)

This is a one-time donation of \$_____.

This is a recurring donation of \$_____ per (month/quarter/year/other: _____), for a period of _____ (months/quarters/years/other: _____).