

Capital Campaign Pledge Form

Date: _____

Name: _____

Your name will appear as above in recognition materials, unless otherwise indicated.

- I/We wish to be recognized on a donor list*
- I/We do NOT wish to be recognized*

Address: _____

City/State/ _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Mobile Phone: _____

I/We pledge \$ _____ to the Jackson County Public Library's Capital Campaign.
*Please make checks payable to Friends of the Library (add "New JCPL Complex" to memo).
 And send to Friends of the Library P.O. Box 825, Sylva, NC 28779*

- My/Our check for the first installment of \$ _____ is enclosed.
- Please bill me: \$ _____ in May 2010 and/or \$ _____ in November 2010
- I (We) wish to donate appreciated securities. Brokerage Firm: _____
Please contact Mary Otto Selzer at (828) 293-0074 for information on how to complete this process.

Naming Opportunity Request:

The Naming Opportunity Request will be submitted to the Campaign Steering Committee and will be approved by the JCPL Board.

This donation is made: **In memory of** *(Please limit to 60 characters.)*

Name: _____

Signature: _____

Thank you! Your gift is tax deductible as provided by law.