Carmel Clay Public Library Foundation
Annual Fund - Donation Form

I/We are pleased to support Carmel Clay Public Library's excellent programs and services with the following contribution of $_____.

___ $1000 ___$100
___ $500 ___$50
___ $250 ___$35 Other $_____

Designated to:

- ☐ Children's Programs & Collection
- ☐ Honorarium or Memorial
- ☐ Use My Donation Wherever it is Most Needed

Donor Information:

☐ Dr. ☐ Ms. ☐ Miss ☐ Mrs. ☐ Mr. ☐ Mr. & Mrs.

Name:_____

Address:_____

City:_____ State:_____Zip:_____

Phone:_____ Fax:_____

E-mail:_____

Recognition: *We would like to publicly acknowledge your donation to inspire others to make a donation.*

☐ Please acknowledge my/our name(s) as printed: _____

☐ Please do not acknowledge my/our name publicly.

Payment Information: ☐ Cash/Check ☐ Credit Card

___ Enclosed is my check payable to **Carmel Clay Public Library Foundation**
Carmel Clay Public Library Foundation is a 501(c)(3) nonprofit organization.
All contributions are tax-deductible to the extent provided by law. (Tax # 35-1787253)

___Please charge $_____to my credit card: ☐ Visa ☐ MasterCard ☐ AmEx

Number:_____Exp. Date: _____

_____
Name printed on card Signature

Other Information:

- ☐ I would like to make a monthly or quarterly donation through my checking account or credit card – please contact me @ _____
- ☐ Enclosed is my employer's matching gift application form.
- ☐ I have remembered Carmel Clay Public Library Foundation in my estate planning.
- ☐ Please send me information about endowment opportunities.
- ☐ Please call me about other gift opportunities at:_____

Please mail this form with your donation to:

Carmel Clay Public Library Foundation
55 4th Avenue SE
Carmel, IN 46032