



DONATION FORM

Name (As it should appear in printed materials.) **Spouse Name** (As it should appear in printed materials.)

Home Address **City** **State** **Zip Code**

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Business Name **Business Title** **Business Phone**

Business Address **City** **State** **Zip Code**

Submit by fax 479.621.1165, or mail to the Rogers Public Library Foundation, 711 S. Dixieland, Rogers, AR 72758.

I/We would like to contribute: (circle one)

\$25 \$50 \$75 \$100 \$250 \$500 \$1,000 \$2,500 Other: _____

I/We would like my/our gift designated Greatest Need Endowment _____

_____ Enclosed is my check made payable to the **Rogers Public Library Foundation**

_____ Please charge my account: (circle one) **VISA** **MASTERCARD**

CARD # _____ EXP: ____/____

SIGNATURE: _____

Gift is in memory of / honor of / tribute to:

Name: _____

Please Notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ I would like my donation to be an anonymous gift.

_____ My/our employer participates in a matching gift program. Enclosed is a Matching Gift form from my company.

_____ I am interested in information on how to include the Rogers Library/Library Foundation as a beneficiary in my/our will(s).

_____ I have included the Rogers Library/Library Foundation as a beneficiary of my/our will(s) or other estate plans.

_____ I am a member of the Friends of the Rogers Library.

*Thank you for your generous support.
Your gift to the Rogers Public Library Foundation is tax deductible as allowed by law.
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