

GIFT PLEDGE FORM

Date: _____

Donor's Name(s): _____

Mailing Address: _____

Phone: _____

E-Mail: _____

LITERARY CIRCLE

I will make an annual pledge for two years to the Friends of the North Plains Public Library to cover operational costs of the new library.

This is my/our pledge: \$ _____ Amount pledged for 2006-07 (due by March 1, 2007)

Method of Payment:

- Cash My/our employer will match my/our gift
 Check Special Instructions _____
 Stock Transfer

I understand that I am making a commitment and I know that plans are being made and money is being spent based on the expectation that I will pay this pledge in the manner described.

Signature(s): _____

Your Gift is Tax Deductible. Friends of the North Plains Public Library Tax ID# 68-0518096

Mail to: **Friends of the North Plains Public Library**
PO Box 525
North Plains, OR 97133