



In recognition of the vital role the Wells Public Library plays in the intellectual, cultural and social enrichment of our citizens, and the need to provide a larger, improved facility for expanded materials, services and programs for our community, I/we are pleased to support the WPL Growing Again Campaign.

I/We will contribute a gift of \$ _____ to be paid over a period of _____ years.

Name (Mr., Mrs., Dr., Ms., Miss) _____

Mailing Address _____

Telephone _____ Email _____

Designate my/our gift as follows: A Gift from _____
(please indicate how you prefer your name/s to be recorded if different from above)

(optional)
 In Honor of _____ In Memory of _____

This gift is unrestricted. This gift is to sponsor: _____

Enclosed is payment of \$ _____
Please make check payable to: WPL Growing Again Campaign

This is a pledge with payments to be made in the following amounts:

2015 \$ _____
2016 \$ _____
2017 \$ _____

Pledge payments will be made:

- Annually Quarterly
- Semi-Annually Monthly

Charge my/our gift and pledge payments to my credit card.

If you wish your donation or pledge payments to be paid by credit card, please provide the required information on the form below.

My employer has a matching gift program. I will submit the proper forms to the address below.

Signature _____

Date _____

Please return this card to: Wells Public Library Foundation, WPL Growing Again Campaign, 1434 Post Road, Wells, ME 04090.
Your donation and pledge payments are tax deductible. *Thank you for your support!*

To protect your privacy and the security of your credit card information, this authorization form will be detached and destroyed after your credit card payment is processed.

CREDIT CARD AUTHORIZATION FORM

I/We wish to contribute to the WPL Growing Again Campaign with credit card payments of \$ _____ to be made

one-time monthly quarterly semi-annually annually in _____ payment(s) for a total gift
(number of)

of \$ _____. The Wells Public Library Foundation is authorized to make these deductions beginning on _____ from my Visa MasterCard Discover American Express
(month and year payments are to begin)

Account # _____ Exp Date _____ Security Code *(on back of card)* _____

Name *(as it appears on card)* _____

Billing Address *(if different from pledge card)* _____