



DONATION FORM

Your gift makes a difference! Thank you.

Name(s) _____

Address _____

City/State/Zip _____

Best Phone _____

Email _____

GIFT AMOUNT & FUND

Please check one of the following:

- Gift of \$_____ to become a member
- Recurring gift of \$_____ on the following schedule:
Monthly through (month/year) _____
- One time gift of \$_____

I WOULD LIKE MY GIFT TO SUPPORT

- Library's greatest needs
- Endowment Fund

DONATED: in memory of in honor of

Name of family member of deceased/honored person:

Name(s) _____

Address _____

City/State/Zip _____

- Please check if you would like us to send an acknowledgement letter to the person above.

GIFT PAYMENT

- My check is enclosed payable to NBPL Foundation
- VISA MasterCard American Express

Name on card _____

Card number _____

Expiration date _____

- This gift will be matched by my employer.

(Please enclose matching gift form or mail separately)

OTHER INFORMATION

- Please keep my gift anonymous.
- Please let me know what my options are for leaving a legacy gift.
- The NBPL Foundation has been remembered in my will and/or estate plans.

MAIL TO: NBPL Foundation, 1000 Avocado Avenue, Newport Beach, CA 92660

CONTACT: Meg Linton @ 949.717.3890 or MLinton@newportbeachca.gov

Thank you for supporting the Newport Beach Public Library Foundation.

Newport Beach Public Library Foundation is a 501 (c)3 charitable organization. Our accounts are fully audited each year. All gifts are tax deductible to the extent allowed by law.