

Contribution Card

For your convenience the following form has been constructed so that you may type your information before you print. Because this form is to accompany your donation it must be mailed.

Please print & mail this card to:

**Bozeman Public Library Foundation,
P.O. Box 6242, Bozeman, MT 59771
TEL: 406-582-2425 FAX: 406-582-2424**

Name & Address

Name:

Address:

City, State, Zip:

Tel: E-mail:

Amount of Gift

Please indicate the amount of your tax deductible contribution:

\$25 \$50 \$100 \$250 \$500

\$1,000 \$2,500 Other \$

Please indicate payment by check or credit card

Make checks payable to: **Bozeman Public Library Foundation.**

For credit card charge, please complete the following:

M/C Visa Name on Card _____

Credit Card Number _____

Expiration Date _____

Signature _____

Please designate one:

- Gift to endowment
- Gift to the Library's greatest need
- Gift to the Library's new building fund

For new building fund gifts of \$1,000 or more, the donor's name will be placed on a Donor Wall in the new Library.

Please indicate the name for recognition

(Mr. Robert Roe, Jane and Dick Roe, The Roe Family, Roe Company, etc.)

Indicate special instructions

The name on my bookplate should read:

My gift is a memorial for:

My gift is anonymous.

Please contact me about giving a legacy to the library.

Please place my name on your mailing list.
