



New Glarus Public Library

Capital Campaign Committee
PO Box 623
New Glarus, WI 53574

The New Glarus Library Capital Campaign Fund is a component of the



YOUR COMMUNITY. YOUR LIBRARY.

I wish to invest in the New Glarus community through a gift to the library building project.

DONOR INFORMATION

NAME: _____ ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____ Allow use of my name in campaign I wish to remain anonymous

GIFT INFORMATION

I/We would like to make a gift/pledge in the **TOTAL** amount of \$ _____

One-Time Gift **Pledge** divided among _____ years (three-year maximum)
Please bill me for my pledge: Annually Twice annually Quarterly Monthly

Recurring Gift: Payments of \$ _____ will be made Monthly Quarterly
Please set up automatic payments from my bank account starting on _____ (date). Please complete the Automatic Debit Program form on the back and return with a voided check or select this option online as a credit card payment.

Signature to authorize pledge or recurring gift. Today's date.

PAYMENT INFORMATION

Credit Card payment online.

Visit www.cfsw.org > click *Give Now For* designation > select **New Glarus Library Capital Campaign Fund**

Check enclosed (Payable to CFSW – New Glarus Public Library Capital Campaign)

Mail to: The Community Foundation of Southern Wisconsin, **New Glarus Public Library Capital Campaign**,
P.O. Box 623, New Glarus, WI 53574

The Community Foundation of Southern Wisconsin has exclusive legal control over the contributed assets. If excess funds are raised during this campaign, the remainder will be put into the New Glarus Library Endowment Fund.

OTHER

My gift is in memory or honor (circle one) of _____

I'm interested in learning more about naming opportunities.

My company will match this gift. Company name: _____
(Please enclose a matching gift form.)

Please contact me about making a donation of IRA minimum required distributions or appreciated assets, including stocks.

I'm interested in planned giving options or supporting the Library Endowment Fund.

Thank you for your commitment to the future of our community!

Your contribution to the New Glarus Public Library Capital Campaign is tax-deductible to the fullest extent of the law. Contributions made will be deposited in the New Glarus Public Library Campaign Fund, a component of the Community Foundation of Southern Wisconsin, Inc.



Automatic Debit Program Authorization

I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my:

Checking Account

Savings Account

I authorize \$_____ per month quarter to be debited from my account and credited to the New Glarus Library Capital Campaign Fund, a component of the Community Foundation of Southern Wisconsin, Inc. beginning (DATE) _____, 20____.

This authority will remain in effect until I have cancelled it in writing.

Signature _____ Date _____

AUTOMATIC DEBIT INFORMATION

FINANCIAL INSTITUTION

BRANCH

City State Zip

ACCT NUMBER AT FINANCIAL INSTITUTION

ROUTING NUMBER AT FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

Address

City State Zip

SIGNATURE

STAPLE VOIDED CHECK HERE

Please complete and return to: The Community Foundation of Southern Wisconsin, 26 S. Jackson St., Janesville, WI 53548