



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

Specific Books & Materials
(minimum amount required; select one)

Book (\$50) Audiobook (\$75) DVD (\$25)

Subject area(s) requested _____

Designated site: Central Library Balboa
 Corona del Mar Mariners

Book Plate requested: Yes No (select one)

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: Kathy McCarrell @ 949.717.3890 or KMcCarrell@newportbeachca.gov

Thank you for supporting the Newport Beach Public Library Foundation.

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