



## 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.*

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.