

I WANT TO SUPPORT FLINT PUBLIC LIBRARY!

Gift Details

Check for \$_____ enclosed, payable to *Flint Public Library*.

Charged to my credit card:

Visa MasterCard Discover American Express

A one-time gift of \$_____

1 payment

4 payments (quarterly)

12 payments (monthly)

Beginning ___/___/___

A recurring gift of \$_____

Monthly Quarterly Annually

Beginning ___/___/___

Card Number: _____ Expiration: ___/___

Signature: _____ Security Code: _____

Please send me an invoice in the amount of \$_____

Please contact me to discuss a planned gift from my will or estate.

Donor Information

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Donor Recognition

Please list my name exactly as shown below in all gift mentions:

I prefer my gift to be anonymous.

Honorary or Memorial Gifts

Please provide details on the reverse side of this card.

I WANT TO SUPPORT FLINT PUBLIC LIBRARY!

IF YOU WOULD LIKE YOUR GIFT TO EXPRESS SYMPATHY
OR RESPECT, PLEASE COMPLETE THE FOLLOWING:

This gift is in:

Honor of Memory of

Name (please print)_____

Please acknowledge this gift (but not the amount) to:

Name_____

Street Address_____

City_____ State_____ Zip_____

Phone_____

Relationship_____