



Donation or Pledge Form

Contributions to the South Brunswick Public Library Foundation are deemed charitable under section 501(c) of the Internal Revenue Code as an organization described in Section 501(c)3. Please consult your accountant for any clarifications. Payments must be received by year end to be eligible for a tax deduction in that year. There is no contribution minimum. Please make checks payable to SBPL Foundation. Thank you for your support.

CONTRIBUTOR INFORMATION (your personal information is kept confidential)

First Name: _____ Last Name: _____

Organization Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone: _____ Email: _____

I, _____, am committed to contributing financially to the SBPL Foundation a gift in the amount of \$_____ to the best of my ability. _____ *please initial*

DONATIONS

A ONE-TIME DONATION IN THE AMOUNT OF:

___\$5,000 ___\$2,500 ___\$1,000 ___\$500 ___\$100 ___\$50 Other: _____

A RECURRING DONATION AS FOLLOWS:

Total Pledge: \$_____ Payable over ___ 1 year ___ 2 years ___ 3 years ___ Other _____

Down Payment: \$_____ Pledge Balance \$_____ First Pledge Payment: ___/___/20__

Payable: ___ Annually ___ Semi-annually ___ Quarterly ___ Monthly

PURPOSE

___ Unrestricted to the SBPL Foundation ___ Restricted for _____

I/we would like my/our gift to go toward the following Named Gift: _____

Please record my/our gift as: _____ (please print as you want donor recognition named)

___ Gift from _____

___ Gift in Memory of _____

___ Gift in Honor of _____

OVER PLEASE

METHOD OF PAYMENT

_____ Check Enclosed. Please make checks payable to **SBPL Foundation**

_____ Credit Card Payment. Please visit www.sbpl.info/about-us/partners/foundation/ for payments.

CERTIFICATION

I am aware that when making this gift and future gift to the South Brunswick Public Library Foundation I am doing so of my own free will. Once the asset is transferred it becomes the property of the SBPL Foundation to be used in its charitable mission as outlined by the Foundation, subject to such approved restrictions as are permitted by law. I understand that unless approved in writing by the Foundation my request regarding the Foundation's use of my contribution is a non-binding request and the Foundation's Board of Directors makes all decisions at its sole and independent discretion, subject to applicable law, approved donor restrictions and approval by the Library Board of Trustees for Named Gifts. Named Gifts through the *Building the Next Chapter* campaign are valid for a minimum of 20 years. Neither I, nor any other individual, will receive any goods, services or other private benefit from the SBPL Foundation as consideration for the amount of the contribution that is tax deductible.

Signature: _____

Date: _____

Thank you for your support. A letter of acknowledgment will be sent for tax purposes.

South Brunswick Public Library Foundation

110 Kingston Lane
Monmouth Junction, NJ 08852

For more information, please call 732-329-4000 ext. 7287

