

# Foundation of Belleville Public Library

## To Make a Donation

Name \_\_\_\_\_

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\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gift Enclosed \_\_\_\_\_

A Pledge of \_\_\_\_\_

Payable \_\_\_\_\_

Signature \_\_\_\_\_

A reminder will be mailed 30 days prior to date payable.

Please designate my gift for

Area of Greatest Need     Genealogy     Other

My Gift of \$ \_\_\_\_\_

In Memory of \_\_\_\_\_

In honor/recognition of \_\_\_\_\_

Birthday                       Anniversary                       Other

Please mail completed forms to:

Foundation of Belleville Public Library  
121 East Washington Street  
Belleville, IL 62220

If you have any questions while filling out this form, please call 618.234.0441.