



GIFT FORM

Contribute now to help build
the new Hughesville Area
Public Library!

DONOR NAME/BUSINESS

STREET

CITY

STATE

ZIP

PHONE

E-MAIL

Business Contact Name (please print)

Signature

Date

I/we would like to pledge a gift of \$_____ per year, for _____ years,
to the Hughesville Area Public Library Capital Campaign. *(Two years is the maximum pledge period.)*

Please invoice me: ___ Annually ___ Semi-Annually ___ Quarterly
Beginning (*month/yr*) ____/____

Please charge my: ___ Visa ___ MasterCard ___ Discover

Acct. # _____ Exp.Date ____/____

___ Annually ___ Semi-Annually ___ Quarterly ___ Monthly
Beginning (*month/yr*) ____/____

Please accept the enclosed check in the amount of \$_____ as my gift
to the Hughesville Area Public Library Capital Campaign.
(Please make checks payable to H.A.P.L. Capital Campaign)

___ **My company will match my contribution.** *(Please enclose matching gift form.)*

Please make my gift: ___ *in honor of* ___ *in memory of*

(Name)

(Honoree's Address)

Return this form to:

Hughesville Area Public Library Capital Campaign • P.O. Box 118 • Hughesville, PA 17737-0118