



Lithgow Library Capital Campaign

Pledge Card

Name: _____ Address: _____ City/State: _____ Zip Code: _____

E-mail Address: _____

I/we wish to support the Lithgow Capital Campaign! I/we wish to make the following pledge: \$ _____

I/we would like to make ___ payments of \$ _____ over a period of ___ years, beginning on ___/___/___

or an: ___ Annual ___Semi-annual ___Quarterly ___Monthly basis.

or as follows: _____

Your signature: _____ Date: _____

How would you would like your gift to be listed: _____ I/we wish to remain anonymous: _____

Please make checks payable to: **The Lithgow Library Capital Campaign**

Thank you for supporting the Lithgow Library Capital Campaign!

Lithgow Library Capital Campaign

Post Office Box 2456

Augusta, Maine 04338-2456

The Friends of the Lithgow Library is a 501c3 not for profit organization.