

"YES, I BELIEVE IN THIS COMMUNITY'S FUTURE"

My Pledge:

TOTAL PLEDGE: \$ _____

PAID NOW: \$ _____

BALANCE TO BE BILLED: \$ _____
(maximum pledge period is 3 years)

BILL ME: *Annually* ___ *Semi-Annually* ___ *Quarterly* ___

I WOULD LIKE TO BE ACKNOWLEDGED AS:

FOR AMOUNT: _____

Giving Options:

- CHECK (payable to Ford Library Capital Campaign)
- ONLINE AT WWW.OVIDLIBRARY.ORG - DONATE
- CREDIT CARD VISA / MASTERCARD / AMEX / DISCOVER

ACCT #: _____

EXP. DATE: _____ CSC #: _____

SIGNATURE: _____

Giving Levels:

- \$500,000 & ABOVE
- UP TO \$250,000
- UP TO \$100,000
- UP TO \$75,000
- UP TO \$50,000
- UP TO \$25,000
- UP TO \$15,000
- UP TO \$10,000
- UP TO \$5,000
- UP TO \$2,500
- UP TO \$1,000
- UP TO \$500
- UP TO \$250

Contributions will be tax-deductible to the extent allowed by law.
The library is a 501(c)(3) charitable corporation. Please consult your personal tax advisor to determine the deductibility of your gift.

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GROWING WITH OUR COMMUNITY

EDITH B. FORD MEMORIAL LIBRARY



CAPITAL CAMPAIGN

Name

Address

City / State / Zip

Email

Phone (H) Cell

I WOULD LIKE TO BE ACKNOWLEDGED AS:

LIBRARY INFORMATION

PO Box 410, Ovid, NY 14521

Email: giving@ovidlibrary.org

Phone: (607) 869-3031

Web: www.ovidlibrary.org

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