



Somers Library Foundation
PO Box 235
Somers, NY 10589
www.SomersLibraryFoundation.org

Donation Form

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

For recognition purposes, please list my/our name(s) as follows:

I/we would like this donation to be anonymous.

Levels of Giving

President's Circle	\$5,000 and above	Literary Scholar	\$500 – 999
Director's Circle	\$2,500 – 4,999	Bibliophile	\$250 – 499
Benefactor's Circle	\$1,000 – 2,499	Book Collector	\$100 – 249
		Avid Reader	Under \$100

Check – I /we enclose a check payable to Somers Library Foundation in the amount of \$ _____

Credit Card – Please charge my credit card in the amount of \$ _____

Mastercard Visa American Express Discover

Print name as it appears on card _____

Credit Card # _____ Expiration Date ____ / ____

Security code (see back or front of card) _____

Cardholder Signature

Other Ways to Give

To make an online donation, visit: www.SomersLibraryFoundation.org/cause/donate-today/

Gift of Other Assets – Please contact me/us with information about making a gift of stock or securities, or retirement or other assets.

Matching Gifts – A matching contribution from an employer can significantly increase the value of your gift, and it will be counted toward your total giving for the year and recognized accordingly. Please provide the information below so we can properly account for your full gift.

Employer Name _____ Employee Name _____

Match amount committed \$ _____ Matching gift form enclosed Online match request submitted

Charitable Giving as a Bequest

Please contact me/us about remembering the Somers Library Foundation in my/our will or other estate planning.

I/we have remembered the Somers Library Foundation in my/our will or other estate planning.