



**Adamstown Area  
Library**

educate • engage • empower

*Please mail your donation to:*

**AAL Room To Grow Capital Campaign**

Adamstown Area Library

P.O. Box 356

Adamstown, PA 19501

Tel: 717.484.4200

Fax: 717.484.0738

**[adamstownarealibrary.org](http://adamstownarealibrary.org)**

Adamstown Area Library is a 501(c)(3) nonprofit library.  
Donations are tax deductible.

# Donation Pledge Form

I pledge to donate \$\_\_\_\_\_ to the Adamstown Area Library towards construction & renovation of the new library building. See details on the reverse side.

\_\_\_\_\_  
Print name(s) as you wish to be recognized

\_\_\_\_\_  
Organization (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone Number (for library use only)

\_\_\_\_\_  
Email

- Please check here if you do not want your name(s) to be published for reporting and recognition purposes.
- Yes, I would like to receive email updates, electronic newsletters & notification of Library events.

## Yes, I would like to invest in the Room To Grow Capital Campaign for the construction of the Adamstown Area Library

Pledged Amount: \$ \_\_\_\_\_

Method of Donation

Credit Card

Please visit [www.adamstownarealibrary.org](http://www.adamstownarealibrary.org) to make a secure online credit card donation.

Check # \_\_\_\_\_

(choose one option)

My donation is enclosed

My initial payment of \$ \_\_\_\_\_ is enclosed.

Please bill me in equal quarterly installments for the balance of \$ \_\_\_\_\_ over the interval I have chosen below:

Number of Years:  1  2  3

Minimum annual installment amount of \$50.  
The Adamstown Area Library will mail donation reminders.

My gift qualifies for a matching gift from my employer. I am enclosing a completed and signed matching gift form to increase the size of my gift.

Please contact me about the Adamstown Area Library Planned Gifts Program (i.e. stocks, securities, annuities, etc.) or special pledge arrangements.

I have included the Adamstown Area Library in my estate plan.

Make this gift:       In memory of:       In honor of:       In the name(s) of:

\_\_\_\_\_  
In Memoriam (s) / Honoree (s) / Designee (s)

\_\_\_\_\_  
Signature (required)

See donation form on reverse side. Please make all checks payable to:

**The AAL Room to Grow Capital Campaign**

3000 North Reading Road, P.O. Box 356, Adamstown, PA 19501

For more information please contact us at: [adamstownlib@gmail.com](mailto:adamstownlib@gmail.com)