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*Providing the Townsend Library community with resources that inspire curiosity,  
cultivate understanding and excite the imagination.*

## Endowment Fund Pledge Form

Because I/We believe in the mission of the Library Endowment Fund and want to be a part of building a strong future, I/We commit to give cash or securities in the total amount of

\$ \_\_\_\_\_ over a period of \_\_\_\_\_ years to the Townsend Public Library Endowment Fund.

I will pay \$ \_\_\_\_\_ on \_\_\_\_\_ (date). The balance will be paid as follows:

\$ \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

\$ \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

OR

via \_\_\_\_\_ monthly payments of \$ \_\_\_\_\_ beginning \_\_\_\_\_ and ending \_\_\_\_\_  
(#) (amount) (date) (date)

How do you wish your name(s) to be listed for recognition purposes?

\_\_\_\_\_

Or, do you wish to remain anonymous? \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

My/Our gift(s) will be matched by: \_\_\_\_\_

**Contributions are tax deductible as provided by law.**

**Please be sure to fill out both sides of this form →→→**



### Credit Card Payment/Pledging

*Through our association with the Community Foundation of North Central Massachusetts, we are pleased to be able to offer direct charges to your credit card.*

Please place a check next to the credit card pledging option you would prefer:

\_\_\_\_\_ I authorize the Community Foundation of North Central Massachusetts on behalf of and for credit to the account of the Townsend Public Library Endowment, Inc. to make a one time charge to my credit card of \$ \_\_\_\_\_ .

\_\_\_\_\_ I authorize the Community Foundation of North Central Massachusetts on behalf of and for credit to the Townsend Public Library Endowment, Inc. to automatically charge my account \$ \_\_\_\_\_ monthly, toward my pledge until the total pledge amount is reached or until I request the payments to be stopped.

<b>Credit Card #:</b> _____	<b>Expiration Date:</b> _____
<b>Please check card type:</b> _____ <b>VISA</b> _____ <b>MasterCard</b> _____ <b>American Express</b> _____ <b>Discover</b>	
<b>Donor Signatures:</b> _____ _____  <b>Donor Printed Names:</b> _____ _____	<b>Date:</b> _____

←←← Please be sure to fill out both sides of this form