



12 DUDLEY ROAD,
TOWNSEND, MA 01469

Email: endowntownsend@gmail.com

*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 →→→



DIRECT PAYMENT AUTHORIZATION AGREEMENT

Through our association with the Community Foundation of North Central Massachusetts, we are pleased to be able to offer direct withdrawals from your bank account.

I (we) hereby authorize the Community Foundation of North Central Massachusetts, Inc. (hereinafter "Foundation") to initiate debit entries to my (our) account indicated below at the depository financial institution named below, and to debit the same to such account. The Foundation will initiate these debits on behalf of and for credit to the Townsend Public Library Endowment, Inc. account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution

Name: _____ **Branch Location:** _____

Address: _____ **City/State/Zip:** _____

Account Information

Routing & Transit Number: _____

Account Number: _____

(or attach a copy of a voided check if unsure of Financial Institution information)

Please check type of account:

_____ **Checking**

_____ **Savings**

I (we) authorize the following amount to be withdrawn on the 15th calendar day:

\$ _____ **per month**

Payments will begin in the month immediately following the month of receipt of this Authorization by the Foundation. This is to remain in full force and effect until the total pledge amount has been reached or until the Foundation has received written notification from the donor of its termination in such a time and in such a manner as to afford the Foundation and the Financial Institution a reasonable time to act upon it.

Date: _____

Donor Signature(s):

Donor Printed Names:
