



DONOR INFORMATION

Name _____

Company/Organization Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Name(s) for Recognition _____ Anonymous
If different than above.

SUPPORT THE STORY BUILDER CAMPAIGN

One-time gift of \$ _____

Total Pledge of \$ _____ (Minimum pledge of \$1,000 annually—unless paying by credit card or ACH)

Pledge to be paid over: 2 Years 3 Years 4 Years 5 Years (For questions, contact ECCF)

Signature _____ Date _____

This pledge is a commitment to give the amount specified.

TRIBUTE INFORMATION

Make your gift a tribute: In Honor of In Memory of

Name _____

GROUP GIFT

If you are combining your gift with others, please indicate the individuals, organization or group:

DONATION INFORMATION

Check—Make checks payable to: **ECCF/Story Builder Capital Campaign**
 306 S. Barstow Street, Suite 104, Eau Claire, WI 54701

Credit Cards—Visa, MasterCard, Discover, and AMEX are accepted online at eccfwi.org.
 (Donations may be a one-time gift or set up as recurring monthly, quarterly, or yearly.)

Qualified Charitable Donation

Stock Transfer Please choose one: Please contact me My financial representative will contact you

ACH (Contact ECCF)

In-Kind Donation (Contact the Library)

Matching Gift from Employer: Company Name _____

For donation questions, contact: Kimberly Hennings, Deputy Director • L.E. Phillips Memorial Public Library
kimberlyh@eauclaire.lib.wi.us • 715-839-6225

Recognition opportunities do not reflect the exact cost of any item, but rather the level of recognition commensurate with the size of the gift. No goods or services of substantial value will be provided in exchange for a gift.