



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 or Eau Claire Community Foundation • 715-552-3801

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.