



## Planned Gift Pledge Form

I (we) do hereby pledge to the Samuels Public Library, a duly created 501c3, not-for profit organization, as described below. Further, I (we) agree to take the legal actions necessary to fulfill this pledge.

Full name (s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### **In support of the Samuels Public Library, I (we) pledge as follows:**

Amount: \_\_\_\_\_ Timing of gift: \_\_\_\_\_

Intended use of gift (if any): \_\_\_\_\_

Other considerations: \_\_\_\_\_

### **For the purpose of recognition:**

I (we) desire that our pledge be treated as an anonymous commitment.

I (we) agree to have our names listed in the Samuels Society and in appropriate recognitions.

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Please print above exactly as you would like for your gift to be recognized

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Samuels Public Library Official: \_\_\_\_\_ Date: \_\_\_\_\_