



PLEDGE FORM - DONOR WALL

*I/WE want to take the opportunity to create a **Literacy Legacy***

ON THE DONOR WALL in the New Main Library

____ \$1,000 ____ \$2,500 **(Please check one)**
(Names will appear larger for the larger amount.)

____ **Enclosed is a check** in the amount of \$_____ payable to
the Riverside Public Library Foundation

____ **Please charge my credit card** ____ Visa ____ Master Card
Credit Card Number _____
Billing Zip Code _____ Exp date _____ Security Code ____
Signature for Credit Card Charge _____

____ **Yes, my employer has a Matching Gift Program**

Name _____

Address _____

_____ State _____ Zip _____

Phone _____

Email _____

The name(s) I/We would like to appear on the donor wall and in printed materials:*

*** The Riverside Public Library Foundation and the City of Riverside reserve the right to approve the donation and the naming.**

Please mail this form to the Riverside Public Library Foundation
P. O. Box 349
Riverside, CA 92502-0349
Your donation is tax deductible. Tax ID # 33-0780130

For more information, please contact:
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