



		3 , 2		
Name(s) (please print name(s) as you wish to be listed in campaign communications)				
Address				
City	State	Zip		
Home Phone	Work/Mobile Phone	Email		

PLEDGE AMOUNT

Total Pledge of \$	
Initial Payment of \$	
DAVMENT EDECUENCY	
PAYMENT FREQUENCY	
□ One time gift	
$\ \square$ Pledge will be paid annually or in month	ly installments:
Beginning and ending	
Month/Year	Month/Year
□ Other:	
PAYMENT OPTIONS	
☐ Check (Payable to City of Rockford/Kro	use expansion)
□ Credit Card	
Card #:	Exp
Name on Card:	



Krause Library C c/o City of 7 S. Mor Rockford

- ☐ Please keep my aift anonymous.
- ☐ I have enclosed an employer matching gift form.
- □ I/We are considering making a gift of stocks or bonds.
- □ Please have someone contact us.
- \square My/Our gift is in \square Memory of $/\square$ Honor of:

Thank you for your support. Naming opportunities begin at \$25,000.

For more information about the GROWING WITH YOU campaign for Krause Memorial Library, or for transfer of stocks, bonds or Electronic Fund Transfers, please contact Thad Beard, tbeard@rockford.mi.us, 616-866-1537

Memorial Campaign f Rockford	PLEDG AMOUN	
nroe St NE I, MI 49341	\$50,000	

ANNUALLY (over 3 years)

\$16,667

\$10.000

\$8,333

\$6.000

\$4,200

\$3.000

\$2,400

\$1.800

\$1.200

\$360

MONTHLY (36 months)

\$1,389

\$834

\$694

\$500

\$350

\$250

\$200

\$150

\$100

\$50

- \$30.000
- \$25,000 \$18.000
- \$12,600
- \$9.000
- \$7,200
- \$5.400
 - \$3,600
 - \$1,800 \$1.080

- \$600
 - \$30