Donor Commitment Form

Enclosed is my check for $____________________
Payable to Middle Country Library Foundation
Payment plan available. Contact Diana Gallo, ext. 237.

OR

I prefer to pay by credit card:
Account #______________________________

☐ AMEX  ☐ Visa  ☐ MasterCard

Expiration Date_________________Security Code__________

Donations will appear on credit card statement as “Network for Good”

Indicate below how you would like your name to be acknowledged on the plaque:
________________________________________________________________

Return form and payment information to:
Middle Country Library Foundation
101 Eastwood Blvd.
Centereach, NY 11720
Phone: 631-585-9393
Fax: 631-585-5035

READ Plaque
☐ Quote about Reading, Exploration, Adventure or Discovery—limit of 40 words, including source—$250

Brick Path
☐ Quote & Author’s Name: 8 lines/32 characters—$250

☐ Children’s Book Title: 4 lines/14 characters—$100
Please list 2 choices in order of preference:

1. __________________________________________
2. __________________________________________

Name __________________________________________________
Name as it appears on credit card—please print
Company_______________________________________________
Address ________________________________________________
City  ___________________________________________________
Phone Number______________ State_______ ZIP________
Email address __________________________________________

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