DONOR INFORMATION

Name(s): _________________________________________________________________________________________________________________

Address: _________________________________________________________________________________________________________________

City: ___________________________ State: _____________________ Zip: ______________________________

Phone Number: ______________________ E Mail: ________________________________

GIFT AMOUNT

Choose one of the following:

☐ One-time gift of $__________ to help the Library.

☐ Recurring gift of $__________ Monthly   Annually   (Circle one)

Use my gift for the highest and greatest need, or ________________________________________________ (specify).

How would you like to be listed in recognition of this gift?

Recognition listing ________________________________________________________ ☐ Keep my gift anonymous.

GIFTS OF $100 OR MORE QUALIFY FOR DONOR CIRCLE BENEFITS LISTED BELOW)

A Circle of Lore ($100 to $499)
B Circle of Learning ($500 to $1,199)
C Circle of Knowledge ($1,200 to $2,499)
D Circle of Education ($2,500 to $4,999)
E Circle of Opportunity ($5,000 to $9,999)
F Knowledge Visionaries ($10,000 or more)
G Carnegie Society (Library Foundation in estate plans)
H Sustainers (Monthly givers)

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<thead>
<tr>
<th>Benefit Levels</th>
<th>A</th>
<th>B</th>
<th>C</th>
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<td>E-Newsletter</td>
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<td>10% Library Shop Discount</td>
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<td>Private holiday shopping event at the Library Shop</td>
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<td>Special invitations to Library Foundation events</td>
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<td>Recognition on Annual Donor Wall</td>
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<td>Additional 10% Library Shop Discount (total of 20%) and Annual Report</td>
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<td>Personalized group tour of Central Library</td>
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<td>Private lunch with City Librarian and Library Foundation State of the City reception</td>
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<td>Carnegie Society Tea and Recognition on Carnegie Wall</td>
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* All Sustainers receive the benefits of Circle of Lore membership, plus additional benefits corresponding to total annual gift amount.
(Optional) This is a special gift:

In Memory of: 

In Honor of: 

Please send an acknowledgement to the honoree or next of kin listed below:

Name(s): 
Address: 
City: __________ State: ________ Zip: __________ 
Phone: ______________________

GIFT PAYMENT

☐ My check is enclosed payable to: San Diego Public Library Foundation

☐ Please charge my: VISA MasterCard AMEX (Circle one)

Name on card: 
Card number: ______________________ Exp. Date: ______________________

This gift will be matched by my employer: ______________________ 
(Please enclose or mail form separately)

OTHER INFORMATION

☐ I am interested in learning about including a gift to the Library Foundation in my will or trust.

☐ The Foundation has been remembered in my/our estate plan.

Please mail or fax to: San Diego Public Library Foundation  
PO Box 120391  
San Diego, CA 92112  
Phone: 619-236-5836

Thank you for supporting the San Diego Public Library Foundation, which is a 501(c)(3) charitable organization (tax ID# 33-0959608). All gifts are tax-deductible to the extent allowed by law.