

DON	OR INFORM	ATION -					
Name(s):						
Phone	Number:			E Mail:			
	AMOUNT oose one of the						
			to help the	Library.			
	Recurring gi	ft of \$	Monthly	Annually	(Circle one)		
Use my gift for the highes			and greatest need, or				(specify).
	How would y	you like to be l	isted in recogn	ition of th	is gift?		
	Recognition	listing				□	Keep my gift anonymous.
	GIFTS OF \$	5100 OR MOF	RE QUALIFY	FOR DON	IOR CIRCLE	BENEFI [*]	TS LISTED BELOW)
	A		re (\$100 to \$4	The second secon			
C Circle of Kno D Circle of Edu			earning (\$500 to \$1,199) nowledge (\$1,200 to \$2,499)				
			ucation (\$2,500 to \$4,999)				
	E		portunity (\$5,				
	F		Visionaries (\$1 sciety (Library			lans)	
	G	Carnegie So	ciety (Library	Foundati-	on in estate p	olans)	

	9		and the second	200	477			
Benefit Levels	Α	В	С	D	E	F	G	Τ
E-Newsletter	0		0		0		0	
10% Library Shop Discount	0	0	0	0	0		0	
Private holiday shopping event at the Library Shop			0		0			*
Special invitations to Library Foundation events			0		0		0	*
Recognition on Annual Donor Wall			0		0		1.25.2	*
Additional 10% Library Shop Discount (total of 20%) and Annual Report				0	0	0		*
Personalized group tour of Central Library					0			*
Private lunch with City Librarian and Library Foundation State of the City reception						0		*
Carnegie Society Tea and Recognition on Carnegie Wall							0	

H Sustainers (Monthly givers)

*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 Me	emory of:	
In Ho	onor of:	
Please	se send an acknowledgement to the honoree or next of kin l	isted below:
Name	ne(s):	
Addre	ress:	
City: _	State:	Zip:
Phone	ne:	
GIFT PAYMEN	NT	
☐ My check	ck is enclosed payable to: San Diego Public Library Founda	tion
□ Please ch	charge my: VISA MasterCard AMEX (Circle one)	
Name on card:		
Card number:	Exp. Date:	
This gift will be m (Please enclose or	natched by my employer: or mail form separately)	
OTHER INFO	DRMATION	
□ I am inter	erested in learning about including a gift to the Library Foun	ndation in my will or trust.
□ The Found	ndation has been remembered in my/our estate plan.	
Please mail or fax	x to: San Diego Public Library Foundation PO Box 120391 San Diego, CA 92112	

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.

Phone: 619-236-5836