

John McIntire Library Remodel COMMUNITY CAMPAIGN



Your Name _____

Your Name as it should appear in publications _____

Address _____

Primary Phone _____ Secondary Phone _____

Email Address _____

I wish to:

Please select how or if you would like your donation to be recognized.

- Remain anonymous.
- I would like the following name on the Donor Wall _____
- My Name Honoring In memory of Business

Please select your Donor Wall Giving Level

- | | | |
|---|--|---|
| <input type="checkbox"/> Library Lovers
\$0.01–249.99 | <input type="checkbox"/> Chapter Champions
\$250–499.99 | <input type="checkbox"/> Story Sponsors
\$500–1,999.99 |
| <input type="checkbox"/> Book Boosters
\$2,000–4,999.99 | <input type="checkbox"/> Volume Visionaries
\$5,000–9,999.99 | <input type="checkbox"/> Library Legends
\$10,000–14,999.99 |

I / We pledge a total of \$ _____ to the Muskingum County
Library System John McIntire Library Remodel in _____ payment(s).

- One-Time Monthly Yearly Other: _____
- My company will match this gift (Company Name) _____
- Enclosed is a check made payable to the Muskingum County Library System (for the John McIntire Library Remodel).
- I will send my first payment by (date): _____

SIGNATURE: _____ **DATE:** _____

All donated funds will be used for expenditures associated with the MCLS John McIntire Library Remodel. Please make your check payable to the **Muskingum County Library System**. You may mail or return this form to the **John McIntire Library at 220 N Fifth St., Zanesville, OH 43701**, or any **MCLS location**.

Thank you for your commitment to the future of our community!