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Please accept my pledge of \$ _____ ,
payable over _____ years (1, 2, or 3)

Preferred billing: (circle one) quarterly annually

First payment of \$ _____ enclosed

This is a memorial gift for:

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(employer name)

Please tell us exactly how you wish your name to be listed for donor recognition purposes:

I would prefer my gift to remain anonymous

Pay by credit card: Go to psglib.wordpress.com/donate for a secure transaction with your credit card through the Alaska Community Foundation's website.

Pay by check: Please make your check payable to the **ACF Petersburg Library Fund**. Please mail this page with your donation/pledge to:

Petersburg Public Library, PO Box 549, Petersburg Alaska 99833

Thank You! Your gift for new Petersburg Public Library is tax deductible

I am interested in having the library contact me about other contributions to the project

I am interested in a named gift to the project

If we can provide additional information or answer any questions, please contact the library at (907)772-3349 or at libdir@ci.petersburg.ak.us

