



Your gift to the Imagination Library will be recognized as:

Donor Name _____

Address _____

City, State _____ Zip _____

Phone _____

Email _____

I/we wish to have our gift remain anonymous.

My gift of \$ _____ is enclosed.

Please make checks payable to: The Pickaway County Community Foundation in the memo indicate: Imagination Library

Pledge Confirmation

My total pledge is \$ _____ which I intend to pay by ____/____/_____
(Gifts may pledged over a multi-year period)

Pledges may be invoiced: monthly, quarterly, semi-annually or annually (*please circle preference*)

Please begin payments on: ____/____/_____

Credit Card

Amex Visa MC Discover

CC# _____ Exp. Date: ____/____ Sec Code: _____

To make your gift online, please visit: Yourpccf.org and click on Imagination Library

Gifts of securities, bequests, and other planned gifts are also accepted. Please contact Jan Shannon at jan.shannon@yourpccf.org to learn more.

Signature

Date

Please return to:
The Pickaway County Community Foundation
770 North Court Street,
Circleville, OH 43113
Thank you for your generosity and support!
No goods or services have been or will be received for this contribution.