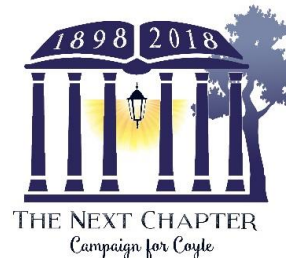


# **“The Next Chapter” The Campaign for Coyle Free Library Pledge/Gift Form**



**Name:** \_\_\_\_\_

**Name of Business (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

- Enclosed please find my/our one-time gift to the campaign in the amount of: \$ \_\_\_\_\_.

**Kindly make your check payable to FCLS- Coyle Building Fund**

**I/we would like to reserve the Special Naming Opportunity of:**

\_\_\_\_\_  
(Rooms/Areas will be named on a first come basis)

OR

- I/we would like to make a 3-5 year pledge to the campaign in the amount of \$ \_\_\_\_\_.  
My/our payment schedule will be as follows:

To be paid by December 31, 2017 - Amount: \$ \_\_\_\_\_

To be paid by December 31, 2018 - Amount: \$ \_\_\_\_\_

To be paid by December 31, 2019 – Amount: \$ \_\_\_\_\_

To be paid by December 31, 2020 – Amount: \$ \_\_\_\_\_

To be paid by December 31, 2021 – Amount: \$ \_\_\_\_\_

**I/we would like to reserve the Special Naming Opportunity of:**

\_\_\_\_\_  
(Rooms/Areas will be named on a first come basis)

**Signature of Donor(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FCLS Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All gifts are tax deductible as charitable contributions in accordance with the IRS regulations.**

**Mail completed form to: FCLS, 101 Ragged Edge Rd. South, Chambersburg, PA 17202**