



YES! I want to support my community library through the Fairfax Library Foundation.

Enclosed is my tax-deductible gift of:

\$1,000 \$500 \$250 \$100 \$50 Other Amount \$ _____

_____ This is a **one-time** donation.

_____ I pledge the above amount **annually for three years**.

_____ Please charge the above amount **monthly for one year**.

_____ Please charge the above amount **monthly for three years**.

Method of Payment

Check (*payable to Fairfax Library Foundation*)

VISA MasterCard American Express Discover

Card No. _____ Exp. Date _____

Cardholder's Name _____ Signature: _____

Your gift to the Fairfax Library Foundation makes a difference!

Private donations are critical to the library's ability to provide quality programs and services to the community. Annual Fund contributions make a significant impact since unrestricted gifts are used where they are needed most. Thank you for your support!

Name(s) _____
(as it will appear in the Foundation's print and electronic publications)

Address _____

City _____ State _____ ZIP _____

E-mail _____ Phone (H) _____ (W) _____

Matching Gift Employer _____

I have enclosed matching gift paperwork. I have submitted matching gift form electronically.

Make your gift in memory of an individual, pet, or family; or to celebrate a wedding, birthday, anniversary, or other special day. Check appropriate box and write name or occasion on line below.

This donation is: in memory of in celebration of in honor of

Please send communications to the above e-mail address.

Please send me information about planned giving (i.e., wills, trusts, etc.)

MAIL TO: Fairfax Library Foundation • 12000 Government Center Parkway, Suite 329 • Fairfax, VA 22035
Questions? Visit www.fairfaxlibraryfoundation.org or call us at 703-324-8300.