



# Ridgefield Library

472 Main Street Ridgefield, CT 06877 (203) 438-2282

## Printable Guardian Society Gift Form

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name(s) as you would like to be recognized: \_\_\_\_\_

I would like my gift to be anonymous.

### ***Contributions will be acknowledged as follows :***

- Chairman's Circle      \$10,000 and above
- President's Circle      \$5,000 - 9,999
- Director's Circle      \$2,500 - 4,999
- Benefactor's Circle      \$1,000 - 2,499

- Here is my check in the amount of \$ \_\_\_\_\_ made payable to "The Ridgefield Library."
- Please make a one-time charge of \$ \_\_\_\_\_ to my credit card (card information below).
- I wish to fulfill my commitment with a gift of stock. Please contact me with transmittal instructions.
- The remainder of my commitment will be fulfilled through a matching gift in the amount of: \$ \_\_\_\_\_ from \_\_\_\_\_.

I wish to fulfill my commitment in \_\_\_\_\_ installment(s) of \$ \_\_\_\_\_ to be paid starting on \_\_\_/\_\_\_/\_\_\_\_\_.

Frequency of installments:  one-time  monthly  quarterly  other \_\_\_\_\_

I will pay installments by check. Please send me reminder notices.

Please charge installments to my credit card as below.

Mastercard  Visa  Discover  American Express

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_

Security code \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

Please print out and complete form and mail with payment to:  
**Ridgefield Library Association 472 Main Street Ridgefield, CT 06877**  
**ATT: Guardian Society**