



The West Tisbury Library Foundation, Inc.

GIFT/PLEDGE FORM

Name _____

On-Island Mailing Address: _____

Off-Island Mailing Address: _____

Phone: _____ email: _____

In public acknowledgments, I/we wish to be known as:

\$ _____ Amount enclosed Check payable to West Tisbury Library Foundation, Inc.

Credit card # _____ Exp. _____ Billing Zip _____ CVS Code # _____

Cardholder _____ Signature _____

LEADERSHIP CIRCLE PLEDGE

I wish to join the Library Leadership Circle by making a three-year pledge at the following level:

\$5,000/year for three years \$2,000/year for three years \$1,000/year for three years

Please send me a pledge reminder each year in the month of _____

Signature: _____

I have remembered the West Tisbury Library Foundation, Inc. in my estate planning.
Please add my name to your list of Legacy Society members.

Please mail this form to: WT Library Foundation • P.O. Box 1238 • West Tisbury, MA 02575