



SUN PRAIRIE PUBLIC LIBRARY
"THE NEXT CHAPTER"
CAMPAIGN
Pledge Form

Name(s): _____

Address: _____

City: _____

State: _____ ZIP: _____

Email: _____

Phone: _____

I/we pledge to give a total of \$ _____ to support the Sun Prairie Public Library Expansion

Project Capital Campaign over a period of: 1 year 2 years 3 years 4 years 5 years

In increments of \$ _____ made: monthly annually

Starting in (month, year): _____

Please send pledge reminders: yes no Beginning (month/year): _____

Preferred name(s) for donor recognition in print materials: _____

Recognition/display name (for \$1,000+ donors): _____

I prefer to keep my donation anonymous: yes

Signature: _____ Date: _____

Signature: _____ Date: _____



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*Thank you for supporting the Sun Prairie
 Public Library Expansion Project!*