



Donation Form

Donor Information

Name(s): _____

Address: _____ City/ST/Zip _____

Phone: _____ Email: _____

Your Gift:

I would like to make a one-time gift of:

☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ Other: _____

☐ Check if your employer matches gifts (Please provide matching gift form with your donation)

I would like to become a monthly donor:

☐ \$100 ☐ \$50 ☐ \$25 ☐ \$20 ☐ \$15 ☐ \$10 ☐ Other

Gift Information:

☐ **This gift is anonymous**

☐ **Made in honor/memory/support of:**
(Please circle one)

Name and Address of anyone whom you would like to be notified of this gift:

Payment Information:

☐ **Check** (payable to Evanston Public Library)

☐ **Credit Card** ☐ **Visa** ☐ **Master Card** ☐ **AmEx** ☐ **Discover**

Card #

Exp. Date

Security Code

The **Evanston Public Library** is a nonprofit organization. All contributions to the Evanston Public Library are tax deductible as allowed by law. Mail this form with check or credit card information to: **Evanston Public Library**, c/o Development Dept., 1703 Orrington Ave., Evanston, IL 60201

Give online at epl.org or call 847-866-5947