



ANNUAL FUND DONATION FORM

Name (as you wish listed): _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

E-mail address: _____

Amount of donation: \$ _____

Does your company have a matching gift program? If yes, please provide a completed matching gift form. Company name:

Please send acknowledgement to:

Name: _____

Address: _____

City, State, Zip Code: _____

Please make checks payable to The Friends of the Bernardsville Public Library.

Donations may be sent to:

Friends of the Bernardsville Public Library, 1 Anderson Hill Road, Bernardsville, NJ 07924

Thank you for your support! The Friends of the Bernardsville Public Library is a 501(c)(3) nonprofit corporation. Information concerning this charitable solicitation is filed with the Attorney General of the State of New Jersey and may be obtained by calling 973.504.6262. Registration with the Attorney General does not imply endorsement.