



Fund Donation and Interest Form

Your Name(s): _____

Address: _____

City, State, Zipcode: _____

Phone Number: _____

Email Address: _____

Donation:

I want to make a tax-deductible gift of \$ _____ to the Bernardsville Library Foundation for the Bernardsville Public Library's operating funds.

(or)

I want to make a tax-deductible gift of \$ _____ or _____ securities to the Bernardsville Library Foundation for the permanent restricted endowment fund whose income will be used to enable the Bernardsville Public Library to deliver the best possible library services to local residents.

(or)

I want to make a pledge of \$ _____ to the Bernardsville Library Foundation's permanent restricted endowment fund, to be paid in installments over _____ months/years (circle one).

Check enclosed (payable to Bernardsville Library Foundation)

Upon receiving your intention to make a donation of securities, a bequest, or a contribution from a tax-advantaged account (IRA, 401k plan, etc.), a Foundation officer will contact you to provide all information necessary to expedite your objectives.

Check here _____ if your company has a matching gift program. Please enclose a signed matching gift form, which we will forward to your company's charitable giving department.

Please send donations to:

Bernardsville Library Foundation, 1 Anderson Hill Road, Bernardsville, NJ 07924

I am interested in helping the Bernardsville Library Foundation with:

_____ Events

_____ Fundraising

_____ Publicity

Email: foundation@bernardsvillelibrary.org

Phone: (908) 766-0118

The Bernardsville Library Foundation 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.