



KENOSHA PUBLIC LIBRARY

"FOR EVERY CHILD" CAMPAIGN

POWERED BY:  100EW
EXTRAORDINARY WOMEN™

Pledge Form

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

I/WE PLEDGE TO GIVE A TOTAL OF \$ _____ TO SUPPORT THE KPL KIDS AT UPTOWN LIBRARY 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: _____



Checks to be made out to and mailed to:
Kenosha Public Library Foundation
7979 38th Avenue, Kenosha, WI 53142
kplf@mykpl.info
mykpl.info/foundation

*Thank you for supporting the
children and families of
Kenosha!*