



Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*Please check donor level that applies:*

**Founder's Circle** ..... \$5,000 and above

**Chair's Circle** ..... \$500 to \$999

**Trustee** ..... \$2,500 to \$4,999

**Director's Circle** ..... \$100 to \$499

**The 1941 Society** ..... \$1,000 to \$2,499

**Library Advocate** ..... \$1 to \$99

My Gift of \$ \_\_\_\_\_

is enclosed

will be paid by \_\_\_\_/\_\_\_\_/\_\_\_\_

will be paid:  Quarterly  Semi-Annually  Annually

Bank Draft: With your authorization, GCPL can debit your checking account once per month in the amount you designate. Contact: (931) 363-2720.

VISA  MasterCard

Cardholder Name \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_