

Friends of the Library North Side Branch Library Fund

Name  
Address  
E-mail  
Phone

Best time to call

I wish to pledge/donate to the Friends of the Abilene Public Library North Branch Library Fund. My tax deductible contribution to this project will total \$\_\_\_\_\_and will be paid as follows:

\_\_\_ My Check is Enclosed

\_\_\_ Electronic Fund Transfer: \$\_\_\_\_\_  
(Minimum of \$25 per month: please attach a voided check)

\_\_\_ Quarterly    \_\_\_ Monthly    \_\_\_ Annually for two years

\_\_\_ Please bill my credit card:\$\_\_\_\_\_  
\_\_\_ Quarterly    \_\_\_ Monthly    \_\_\_ Annually for two years

---

Card Number	Month	Year
	Card Expiration	

---

Signature

Date

Mail to Friends of the Abilene Public Library  
202 Cedar Street  
Abilene, Texas 79601