

Oklahoma Library Association
Centennial Endowment Campaign
300 Hardy Drive, Edmond, Oklahoma, 73013

Please indicate name as it should appear on donor card.

Mr./Mrs./Ms./Mr. & Mrs.

Address

City/State/Zip

Telephone (include area code)

Telephone (Include area code)

Email (if desired)

Donor Level (check one)

- Corporate (more than \$10,000)
- Centennial (\$5,000 - \$9,999)
- Sustaining (\$1,000 - \$4,999)
- Contributing (\$100 - \$999)
- Supporter (\$10 - \$99)

Total Gift \$ _____

Make check payable to **Communities Foundation of Oklahoma**

Enclosed is \$ _____

My payment option for any balance is to bill me (check one)

- Monthly
- Quarterly
- Annually

. . . In increments of \$ _____ beginning _____

Charge my . . .

- MasterCard
- Visa

Card number _____

Exp. Date _____

Card Holder's Signature _____

I authorize **Communities Foundation of Oklahoma** to charge my checking/savings account via automatic bank draft in the amount of \$ _____ each month.

Financial Institution _____ City/State _____

Bank Transit Number _____ Account Number _____

If you prefer, enclose a voided, blank check.

Signature _____