

Helping *You* Help *Your* Community



Community Foundation of Marshall County

Your generosity will make the world a better place today and for the future.

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Name of fund to receive contribution: Marshalltown Public Library Director's Discretionary Endowment

Contribution total of \$_____ to be paid: now monthly quarterly yearly.

This gift in in Honor/Memory of (optional) _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

I(we) are interested in more information about:

Planned giving in our will _____ Making a gift of grain _____ Gifts of farmland _____ A life insurance gift _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Community Foundation of Marshall County
11 North 1st Avenue
Marshalltown, IA 50158