



Capital Campaign Donation Form

Thank you for your contribution in support of the renovation and restoration of the McCormick Riverfront Library and the Haldeman Haly House.

Donor Information

Name as you would like it to appear on donor recognition listings

Check here if you wish to be listed as an anonymous donor.

Company (if applicable)

Contact (if different than above)

First Name

Last Name

Address

Zip

City

State

Home Phone

Mobile Phone

Email

Donation Information

I am proud to support the Your Place to Belong Capital Campaign in the amount of:

\$ _____

My donation is enclosed (made payable to Dauphin County Library System)

This is a one-time donation

I will pay my donation over

1 year 2 years 3 years

Please bill me

annually quarterly monthly

End Date

Call 717.234.4961 x1101 to set up a credit card payment schedule.

Named Gift Opportunities: I/we would like to discuss a naming opportunity. Please contact me.

Check here if your employer offers a matching gift program

Employer Name

Signature

Date

Donations can also be made via credit card at
YourPlacetoBelong.org

Please return this form to:

Dauphin County Library System
c/o Capital Campaign Committee
101 Walnut Street, Harrisburg, PA 17101

Tax Exempt ID 75-085-326 EIN 23-1352317