Dillsburg Area Public Library Pledge Form

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

My Pledge to Close the Gap

I/We commit to helping the Dillsburg Library close the gap with a pledge of:

☐ $100 ☐ $250 ☐ $500 ☐ $1000 ☐ $_____

Every year for: ☐ 2 years ☐ 4 years ☐ 5 years ☐ 10 Years ☐ Custom:_____

Pledge Start Year: ☐ 2025 ☐ 2026

Payment Plan: If you choose **2026**, you will be contacted in **March 2026** (or sooner, upon request) to set up or submit your pledge payment.

Campaign Recognition

☐ Yes, I give permission to publicly use my name and donation amount.

Stay Connected

☐ Yes, please sign me up for the Dillsburg Library monthly newsletter.

Signature: _____

Date: _____

Please return or mail this form to: Dillsburg Area Public Library, 204 Mumper Lane, Dillsburg PA 17019

Keep this section for your records.

DILLSBURG AREA PUBLIC LIBRARY

Thank you for your generous pledge to help Close the Gap!

PLEDGE TO CLOSE THE GAP:

You Have Pledged: $_____

Donation Frequency: _____

Your contribution helps us keep the Dillsburg Area Library strong for our community.

Our library, our future. Together we can close the gap.