



Mount Carroll District Library
208 N. Main Street
Mount Carroll, IL 61053



Rehabilitation and Expansion 2021

Donor Recognition Levels

All donors will be included on the permanent project recognition wall.

The display will be located on the west wall of the new library addition lobby area. All donors will receive a periodic project update newsletter. Anonymous gifts will be acknowledged as "Anonymous."

Acknowledgement of gifts below \$250 will appear as a single entry (donor name or individual to be remembered/honored, if requested) under the heading "Supporters."

Gifts of \$250 and above will be grouped and recognized as follows:

BRASS \$250 - \$499

- Single entry, font size larger than Supporters

BRONZE \$500 - \$999

- Single entry, same font size larger than Brass level

SILVER \$1,000 - \$2,499

- Up to two-line entry, same font size as Bronze level

GOLD \$2,500 - \$4,999

- Up to two-line entry, one line in bold, font size larger than Silver level

PLATINUM \$5,000 - \$9,999

- Up to two-line entry, one line in bold, font size same as Gold level, surrounded by a border

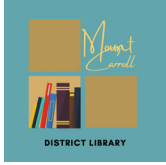
TITANIUM \$10,000 - \$24,999

- Up to three-line entry, one line in bold, surrounded by a border, font side larger than Platinum level

CARNEGIE CIRCLE \$25,000 +

- Contact Library for more details: 815-244-1751 or director@mountcarrollpubliclibrary.org

Charitable contributions to governmental units are tax-deductible under section 170(c)(1) of the Internal Revenue Code, if made for a public purpose. Please consult with your tax advisor to confirm that your donation is tax-deductible.



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Rehabilitation and Expansion 2021

Capital Campaign Gift and Pledge Form

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

- I (We) have enclosed \$ _____ in support of the Mount Carroll District Library's rehabilitation and expansion.
- I (We) intend to contribute \$ _____ in support of the Mount Carroll District Library's rehabilitation and expansion with a one-time payment on _____ (date).

Gift Recognition:

- Please publicly recognize this gift as from:

 As you wish your name(s) to appear
- Optional – Please publicly recognize this gift (circle one) in honor of / in memory of:

 As you wish their name(s) to appear
- Please do not recognize this gift publicly. I (We) wish for this gift to be anonymous.

Signature _____ Date _____

Please make checks payable to:

Mount Carroll District Library Rehab & Expand Fund
 208 N. Main Street, Mount Carroll, IL 61053

To learn more, contact Pam Naples at 815-244-1751 or director@mountcarrollpubliclibrary.org

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