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American Library Association Printable Donation Form

Date:

If you would like to mail a gift rather than using our online service, please complete this form, print, and send with your payment. For your convenience, you may complete this form on-screen before you print it (the information you type never leaves your computer), or you can simply print the form first and fill it out by hand.

Personal Information		
Name	Address	
City, State Zip:	Telephone:	
E-mail:		
I prefer to make this donation anonymously .		
Gift Amount and Designation		
□ One-Time Donation: □ \$25 □ \$50 □ \$100	\$250 \$500	51,000 Other:
Recurring Donation Amount: \$ Frequency	r: 🗌 Month 🔲 Quarter 🥅 A	Annual 🗌 Semi-Annual 🖇
	ng/Until Further Notice	Choose/specify number:
I would like my gift to be completely unrestricted and used	wherever it is needed most	
I would like to designate my gift to a particular Fund Category	ory:	
ALA Major Initiatives:		
ALA Scholarships:		
ALA Divisions and Offices:		
ALA Round Tables:		
 *Your contribution to the ALA-APA is not tax deductible as a charitable contribution Your contribution may be tax deductible as a business expense. ** Freedom to Read Foundation (FTRF) - Contributions to the FTRF of \$35.00 or high (\$10 for Students) include automatic yearly membership in FTRF. The Freedom to Read Foundation is a separate 501(c)(3) organization for tax and reporting purposes. Visit www.ftrf.org for more information. 	they are used to give direct aid to ir Revenue Service requirements rega er	d do not qualify as personal tax deductions because ndividuals without reference to the Internal rding tax-exempt organizations.
Payment Information		
Check Enclosed. Please send a reminder/invoice.		
Credit Card Card Number:	Expiration Date:	
Name as it appears on card:		Security Code:
1	Cardholder	
Special Gift Information:	Signature:	
This gift is in memory of someone: (Name):		
This gift is in honor of someone: (Name):		
Please send notification (acknowledgement) of my	contribution to : (the gift amo	unt will not be mentioned)
Name	Address	
City, State Zip:	Telephone:	
We welcome your comments		

about your gift and your inspiration to give:

I have enclosed or will send a matching gift form

I have included Give ALA in my will or estate plan.

from the company.

Please send me information about including Give ALA in my will or estate plan.