

Pledge Form



Millinocket Memorial Library

“To enrich lives by building community, inspiring imaginations, and empowering people through lifelong learning.”

Donor Information (please print or type)

Name _____

Address _____

City, ST, Zip Code _____

Phone _____

Email _____

Runner Information (please print or type)

Name _____

City, ST, Zip Code _____

Email (for notification of donation) _____

Pledge Information

I (we) pledge a total of \$_____ per mile for 13.1 / 26.2 (circle one) for a total pledge of \$_____

I (we) am enclosing this donation in the form of: cash check

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

Signature(s)

Date

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

Millinocket Memorial Library
5 Maine Ave
Millinocket, ME 04462

PLEASE INCLUDE THIS COMPLETED FORM WITH YOUR DONATION