



The Next Chapter: Capital Campaign Gift Form

Thank you for your generous support of the Cleveland Kids' Book Bank's mission to ensure every child has access to books. Your gift will help us secure a permanent home, enabling us to expand our impact and continue our work for generations to come.

DONOR INFORMATION	
Full Name:	
Organization (if applicable):	
Address:	
City, State, ZIP:	
Phone Number:	
Email Address:	
GIFT DETAILS	
Total Amount: \$	
Payment Schedule:	
☐ One-time payment	
☐ Monthly installments over months	
☐ Quarterly installments over quarters	
☐ Annually over years	
First Payment Date:/	
Final Payment Date:/	
RECOGNITION Naming Rights are available for gifts of \$25,000 or greater. These gifts must be made within commitment. Recognition of all donors, with special recognition for gifts of \$5,000 or more, made. (Please indicate how you would like your name(s) to appear in donor recognition made.	, will also be
☐ I/We wish to remain anonymous.	
☐ Please recognize me/us as:	
DEDICATION (Optional) This gift is made: ☐ In Honor of	_
☐ In Memory of	





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MATCHING GIFTS
☐ My/Our employer will match this gift.
Employer Name:
PAYMENT INFORMATION (Please select your preferred method of payment.)
\square Check (Please make checks payable to Cleveland Kids' Book Bank)
☐ Credit Card (Visit https://www.kidsbookbank.org/donate/ or complete below)
☐ Stock (Visit https://info.carnegieinvest.com/donate-stock-kids-book-bank)
□ Other:
Credit Card Information (if applicable):
Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
Name on Card:
Card Number:
Expiration Date:/ CVV:
Signature By signing this form, I/we confirm our intention to make this gift in support of the Cleveland Kids' Book Bank Capital Campaign.
Signature: Date:
Additional Notes or Special Instructions:

Please return this completed form to

Cleveland Kids' Book Bank
Capital Campaign
3635 Perkins Avenue
216-417-1803
natalie@kidsbookbank.org
https://www.kidsbookbank.org/

Thank you for helping us write the next chapter in our story!