



### Naming Rights Pledge Form

Contact Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Donation Details:

One time gift in the amount of \$ \_\_\_\_\_

Pledge in the amount of \$ \_\_\_\_\_ payable in \_\_\_\_\_ installments beginning \_\_\_\_\_ and ending \_\_\_\_\_

Item or room requested: \_\_\_\_\_

Location: \_\_\_ Central Library \_\_\_ South Branch \_\_\_ Keystone-LaGrange \_\_\_ West River

I agree to be recognized for this gift, and the name to be used for public recognition is

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

All donations are contingent upon approval by the Library Board of Trustees.

Requests will be considered first come, first served.

The Elyria Public Library is a 501c3 organization. EIN: 34-6000941

Request Received Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

Approved by resolution of the Board of Trustees on \_\_\_\_\_

Donor notification date \_\_\_\_\_ By \_\_\_\_\_ Amount Paid \_\_\_\_\_