

# Folger SHAKESPEARE LIBRARY

## DONATION FORM

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I/We wish to donate \$\_\_\_\_\_ to the Folger Shakespeare Library and support:

All areas of the Folger Shakespeare Library    Folger Consort    Folger Poetry

Folger Theatre    Folger Education    Readers' Campaign    Library Acquisitions

Please make my gift anonymous.

I have remembered Folger Shakespeare Library in my will.

Please send me information about making a bequest, life-income, IRA, life insurance, or other planned gifts.

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DONOR NAME(S) \_\_\_\_\_

(Exactly as you wish to be recognized in Folger publications. Anonymity will be honored if requested.)

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### PAYMENT OPTIONS

Please charge my:    American Express    MasterCard    VISA

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name exactly as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

A check made payable to the **Folger Shakespeare Library** is enclosed.

I will make a gift of stock (please contact the Development Office at 202.548.8777 for instructions).

If this is a partial payment, pledge payments(s) will be made on the following date(s): \_\_\_\_\_

My gift will be matched by: \_\_\_\_\_ Amount of matching gift: \_\_\_\_\_

Please include company's matching gift form. Note that many corporations and foundations will not match the non-deductible portion of your membership contribution.

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### PLEASE RETURN FORM TO:

**Folger Shakespeare Library Membership Office,  
201 East Capitol Street, SE, Washington, DC 20003**

**QUESTIONS:** Contact Elizabeth Stevens at 202.675.0359 or [estevens@folger.edu](mailto:estevens@folger.edu)

THANK YOU FOR YOUR SUPPORT!