



Sponsorship Form

Organization: _____

Name/Title: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Contact Phone: _____

Phone (business): _____

Fax: _____

E-Mail: _____

Pledge Information: I (we) pledge a total of \$_____ to be paid:
_____ now _____ monthly _____ quarterly _____ yearly.

Acknowledgement Information: Please use the following name(s) in all acknowledgements:

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

Signature(s) _____

Date _____

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

Albert Lea Public Library Foundation (501c3)
Albert Lea Public Library
211 E. Clark Street
Albert Lea, MN 56007