



DONATION FORM

- I/We wish to donate \$ _____ to the Folger Shakespeare Library and support:
- | | |
|--|---|
| <input type="checkbox"/> All areas of the Folger | <input type="checkbox"/> Folger Theatre |
| <input type="checkbox"/> Folger Consort | <input type="checkbox"/> Folger Institute |
| <input type="checkbox"/> Folger Education | <input type="checkbox"/> Library Acquisitions |
| <input type="checkbox"/> Folger Poetry | |
- Please make my gift anonymous.
 I have remembered the Folger Shakespeare Library in my will.
 I wish to deduct my full contribution and waive any benefits of membership.
 Please send me information about making a bequest, life-income, IRA, life insurance, or other planned gifts.
-

Donor Name(s): _____

(as you wish to be recognized in Folger publications)

Contact Name (if different): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

PAYMENT OPTIONS

- I would like to pay in installments on the following date(s): _____
- Please charge my: American Express MasterCard Visa
- Card Number: _____ Exp. Date: _____ CVV: _____
- 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.
 My gift will be matched by: _____ Amount of matching gift: _____
- Please note that many organizations will not match the non-deductible portion of your contribution.
-

Please return form to: Folger Shakespeare Library Development Office
201 East Capitol Street, SE
Washington, DC 20003
Email: membership@folger.edu