

Goshen Library Foundation  
c/o The Community Foundation  
of Orange and Sullivan  
30 Scott's Corners Drive, Suite 203  
Montgomery, New York 12549

The Best It Can Be



**Goshen Library  
Foundation**

**Campaign Committee**

Chris Ashman  
Jane Carey  
Jim Langlois  
Elaine McClung  
Mary Troy  
Bill Troy

**Naming Opportunities**

Diamond  
\$50,000 up

Ruby  
\$25,000

Emerald  
\$15,000

Sapphire  
\$10,000

Topaz  
\$5,000

Aquamarine  
\$1,000

Checks payable to:  
CFOS - Goshen Library  
Foundation

**Donor Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
E Mail \_\_\_\_\_

**Type of Pledge**

I/we plan to make our contribution in the form of:

\_\_\_ Cash \_\_\_ Check \_\_\_ Stock \_\_\_ Property \_\_\_ Other

(For stock transfers or property donations please contact Stacey Muller at the Community Foundation at 845-769-9393 or [stacey@cfosny.org](mailto:stacey@cfosny.org))

Donation to be unrestricted \_\_\_ Donation to be restricted \_\_\_

Naming Opportunity(s) selected \_\_\_\_\_

Total amount pledged \_\_\_\_\_

\_\_\_ Equal Payments\* of \$ \_\_\_\_\_ to be made: \_\_\_ Monthly \_\_\_ Quarterly  
\_\_\_ Bi-annually \_\_\_ Annually

Preferred method of payment \_\_\_\_\_

My gift will be matched by \_\_\_\_\_

\*Send checks to Community Foundation (address above)

**Donor Recognition**

Please provide name exactly as you wish to have it displayed for recognition:

\_\_\_\_\_

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Donor Name (print): \_\_\_\_\_

Business Name: \_\_\_\_\_

Campaign Representative Name: \_\_\_\_\_