



I have included the Dauphin County Library System (The Library) in my gift planning.

About You

Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have provided for The Library in the following manner:

- Provision in a will or living trust:
- Specific Amount: \_\_\_\_\_
- Percentage of Estate - \_\_\_\_\_%
- Residual
Beneficiary designation of:
- Life Insurance Policy
- IRA or other retirement plan
- Other \_\_\_\_\_

I prefer my gift to The Library be used in the following manner:

- Unrestricted (area of greatest need for providing library service)
Restricted Gift, to be used for the following service area: \_\_\_\_\_
Addition to existing endowment fund (list name of fund): \_\_\_\_\_
Creation of permanent endowment fund (list name of fund and desired use):

Multiple horizontal lines for providing details for restricted gifts and endowment funds.

## Recognizing Your Gift

**With your permission**, we would like to include your name(s) in our 2nd Century Society listings that appear in the annual Impact Report, The Information Place newsletter, on the donation pages of the website and other areas. Please indicate your preference for publishing your name(s).

I/We would like others to be inspired by my/our example. Please publish recognition as:

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I/We would also be interested in sharing our story with our community to help inspire others.

I/We prefer to remain anonymous and ask that our name(s) not be published.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*This form is non-binding and does not constitute a legal promise of any future donation to the Dauphin County Library System. We understand that bequests are revocable and that estate plans may change.*

**Please return to:**

The Library  
Attn: Karen Cullings  
101 Walnut St.  
Harrisburg, PA 17101

Phone: 717-234-4961  
Fax: 717-234-7479  
Email: [kcullings@dcls.org](mailto:kcullings@dcls.org)

