



duPont-Ball Library

Library Associate Membership Form

Name(s): _____ Date: ____ / ____ / ____

Address: _____

Telephone (____) _____ Email Address: _____

Please enroll me (us) in the following category:

Membership Category:

☐ Associate \$50 - \$99

☐ Donor Associate \$100 or more

☐ Stetson Alumni-Associate Member \$50 or more

Class of _____

TOTAL GIFT AMOUNT: \$ _____

I prefer to pay by ☐ credit card or by ☐ check (enclosed, payable to Stetson University)

Name on Credit Card: _____ Credit Card Number: _____

Expiration Date: ____ / ____ CCV: _____

To pay online, specify *duPont-Ball Library Enhancement Fund* and put *Library Associates* in the comments field at <https://www.stetson.edu/administration/development/library.php>

Please select any of the following that are applicable:

☐ My or my spouse's employer will match this contribution (please enclose separate form with matching gift).

☐ I would like my gift to go to the Library Enhancement Fund (used immediately for resources, equipment, and services where needs are greatest).

☐ I would like my gift to go to the Library Materials fund (used to purchase books, musical scores, videos, and other resources / bookplates or other donor recognition will be attached to items).

☐ I would like my gift to be added to the Betty Drees Johnson Library General Endowment (earnings from the fund have a lasting effect on the library's ability to meet students' library and research needs).

☐ Please send information about including the Library in my estate plan.

☐ I have included the Library in my estate plan.

By signing this form, I acknowledge I have read and agree to abide by all duPont-Ball Library use policies, including conduct and computer/internet use policies, available at <https://www2.stetson.edu/library/about-us/policies>

Signature

Please return this form to:
duPont-Ball Library Associate Program
421 N. Woodland Blvd, Unit 8418
DeLand, FL 32723