Financial Donation Form

DONOR contact information (*Please print clearly*)

Name: __________________________________________________________________________________

Address: __________________________________________________________________________________

City____________________________ State______ Zip ___________ Phone: __________________________

Email: ____________________________________________________________________________________

Amount of donation: _____________

How would you like your donation to be designated?

___ I would like for the Library to use this gift where there is the greatest need.

___ I wish to designate specific use for this donation. (Please complete section below)

   ☐ Collection __________________________  ☐ Programming __________________________

   ☐ Other (please specify) _____________________________________________________

Is this donation made in honor or in memory of someone?

*Circle one*  In honor of / In memory of     Name _____________________________________________

Would you like for an acknowledgement to be sent to the honoree or family members? ___ Yes ____ No

If “Yes” please fill in the following information:

Name: __________________________________________________________________________________

Address: __________________________________________________________________________________

City ___________________________ State__________________ Zip _______________________

Would you like a bookplate placed in the item(s) purchased with your donation? ___Yes ___No

THANK YOU FOR YOUR SUPPORT OF THE SEQUOYAH REGIONAL LIBRARY SYSTEM!

STAFF USE ONLY:  Today’s date_________ Received by: __________________ Branch/Dept ____________

Acknowledgment(s) sent:  Date: _____Initials _____

Collection Services: OSA entry: Date____ Commons _____

Additional notes: __________________________________________________________________________
