



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!

<p>STAFF USE ONLY: Today's date _____ Received by: _____ Branch/Dept _____</p> <p>Acknowledgment(s) sent: Date: _____ Initials _____</p> <p>Collection Services: OSA entry: Date _____ Initials _____</p> <p>Additional notes: _____</p>
