DONATION DESIGNATION FORM

Amount
I wish to present a gift of ______________ Date ______________

Department Preferred *(Please Circle)

Adult Young Adult Youth

*If no department is selected, donation will go into general fund

Category (Please Circle)

Books/eBooks Audiobooks/eAudiobooks DVDs Programs

Other

Subject Area

Recognition

I would like a bookplate: (Please Circle) YES NO

Designation: (Please Circle) In memory of In honor of Donated by

Name to appear on bookplate: ________________________________

Donor Information

Name _____________________________ Name _____________________________
Address __________________________ Address __________________________
City ______________________________ City _____________________________
State ___________ Zip_______________ State ___________ Zip_______________

Please make checks payable to the Brandon Township Public Library.
Contributions are tax deductible.