



## Financial Donation Form

**DONOR contact information** (*Please print clearly*)

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

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

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

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

Amount of donation: \_\_\_\_\_

Do you wish to make this donation anonymously?

YES *I understand my name will be withheld from any acknowledgments and/or bookplates.*

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 acknowledgment 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:** Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Branch/Dept \_\_\_\_\_

Donor acknowledgment sent: Date: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Honoree/Family letter: Date: \_\_\_\_\_ Staff initials: \_\_\_\_\_

CSD: Order date \_\_\_\_\_ Rec'd date: \_\_\_\_\_