

DONATION FORM



Full Name :

Address :

Town : Postal Code :

My gift is : Cash Cheque

Is this gift intended for a particular use?

Books Technology Furnishings CDs/DVDs

Other :

Would you like a donation plate to be placed in/on items purchased with your donation?

No Yes

If yes, which wording would you like?

"In memory of.." "Thanks to..." "Donated by..."

For memorial donations: Name of loved one:

Address to send memorial card:

This form may be left at any branch of the North Perth Public Library, or mailed to: North Perth Public Library (260 Main Street West, Listowel, Ontario N4W 1A1)

Signature: _____

Date: _____