

Bledsoe County Public Library

DONATION FORM

IN MEMORY/IN HONOR (Please Circle One) of: _____

Name of Contributor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____

Amount: \$ _____ Date: _____ / _____ / _____

ACKNOWLEDGEMENTS you would like us to send. (Give us the complete address, please)

Send to: _____ Send to: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

PLEASE ALLOCATE MY CONTRIBUTION TO:

_____ Books _____ Technology _____ Audio/Visual Materials

_____ Furnishings _____ Landscaping _____ Other

Books chosen by donor: _____

Books chosen by library: _____

~ FOR LIBRARY USE ONLY ~

Date Received: _____ / _____ / _____ Amount: \$ _____

Directors Signature: _____

Acknowledgement Card Sent: _____ / _____ / _____

Contributor Card sent: _____ / _____ / _____