

Lester Public Library Donation Form

Name of donor: _____

Address: _____

Phone: _____ Amount: _____ Staff initials: _____ Date: _____

This donation is for:

- | | | |
|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Books | <input type="checkbox"/> DVDs | <input type="checkbox"/> Adults |
| <input type="checkbox"/> eBooks | <input type="checkbox"/> Magazine/newspaper subscription | <input type="checkbox"/> Youth |
| <input type="checkbox"/> eAudiobooks | <input type="checkbox"/> Large print | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Programming | <input type="checkbox"/> Use as needed | |

Specific titles:

If you prefer staff to choose a title, please suggest some appropriate subjects. For example: cooking, animals, sports, hobbies, inspirational, fiction, nonfiction, etc.

Name(s) to be printed on the donation label placed in each item (please print):

Name: _____

Preferred format:

- ☐ Presented to the Lester Public Library in memory of:
- ☐ Presented to the Lester Public Library in honor of:
- ☐ Presented to the Lester Public Library by:
- ☐ Other: _____

If you wish us to notify others of this donation, please provide the following information:

Name(s): _____

Address: _____

Relationship to person(s) named on the donation label: _____