



Memorial Donation Form

Date: _____

Enclosed: \$1,000 \$500 \$100 \$30 Other \$_____

The library is grateful for donations of any amount. \$30.00 is the minimum amount to purchase an item for a memorial donation. Please make checks payable to Waterford Township Public Library.

Select the following format(s) of interest:

Print Materials Audio-Visual (DVD, Audiobook, Music CD) Materials Digital Materials

If preferred, select the age group for any purchases:

0 - 12 13 - 17 18 & older

Areas of Interest (if left blank, the library will designate funds towards the greatest need):

We do not accept donations of physical materials for the memorial collection. Selections are made based upon the interests listed above and meeting the needs of the library collection as a whole.

Donor's Name: _____

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

Phone: _____ Email: _____

This Gift is Made:

In Honor of (please print name): _____
 In Memory of (please print name): _____
 On the Occasion of: _____ Name(s): _____

Please keep my gift anonymous, **or**

Send acknowledgment to:

Name: _____

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