



# 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):

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*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: \_\_\_\_\_