St. Marys Public Library – Donation Form

Date ______________

In Memory of

_______________________________________
or

In Honor of

_______________________________________

Donor Information

Name ________________________________________ Phone __________________________

Address ______________________________________ Email _________________________

Donation

Amount __________________________ Date paid _________ Money Due _____

Member of family to be notified

Name _________________________________________________________________

Address _______________________________________________________________

***For staff use***

Book Title (leave blank) ______________________________________________________________________________________

Author ____________________________________________________________ Cost of book __________

Purchased from _____________________________ Suggested subjects ____________________________________________________________

Card taken by donor ____________ Staff Signature _________________________________