

Gift Donation



CLIFTON PARK
HALFMOON
PUBLIC
LIBRARY

Gift Information

Amount \$ _____

- Direct gift to: Area of Greatest Need
 Books and Library Resources
 Programs

Honor/Memorial Information

- Gift Type: In Memory Of
 In Honor Of

Name of person being honored/in memory of: _____

Comments/Interests:

Send Acknowledgement To

First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Donor Information

First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Staff use:

- Cash Check

Date: _____ Initials: _____