

Palatine Public Library District Donation Form

Name

Address

City, State, Zip

Phone

Email

Donation Amount: \$ _____

This donation is (check one):

in memory of _____

in honor of _____

neither

Please notify the following person(s) regarding the above donation.

Name

Address

City, State, Zip

Gifts up to \$100

Use my donation to buy materials for:

Children Adults

Requested subject, topic or author:

Gifts over \$100

Use my donation for:

greatest need as determined by the Library

for this specified item or items

Names of donors giving \$100 or more will be published on the Library's donor list which appears on the Library's website.

I agree to have my name listed as a donor.

I do not agree to have my name listed as a donor and wish to remain anonymous.

A Library staff member may contact you if there are questions about the specified item(s) or donation.

I would like to be contacted about library needs and donation opportunities.

Please make checks payable to
Palatine Public Library District.

Fill out form and deliver or mail to:

Palatine Public Library District
Business Manager
700 N. North Court
Palatine, IL 60067

(over)