



Milford Public Library

Gift Donation Form

Donor Information (please print or type)

Name _____

Billing address _____

City, State, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Donation Information

In Memory/In Honor of _____

Subject Preference _____

Collection Preference _____

Format Preference _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

<p>Signature(s) _____</p> <p>Date _____</p> <p>Please make checks, corporate matches, or other gifts payable to:</p> <p>Milford Public Library</p>	<p>Milford Public Library 57 New Haven Avenue Milford, CT 06460 203.783.3291</p>
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For Library Use:

Gift Received: Date _____ Amount _____ Deposited _____ Acknowledgement Sent _____

Item Processed: Date _____ Gift Plate _____ Staff Initials _____