



Gift Donation Form

Donor Information (please print or type)

Name _____
Billing address _____
City, State, Zipcode _____
Phone or Email _____

Donation Information

In Memory/In Honor of _____
Subject Preference _____
Collection Preference (i.e.,
Adult, YA, Children's) _____
Format Preference (i.e., book,
DVD, etc.) _____

Acknowledgement Information

Name: _____

Address: _____

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

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Milford Public Library

Milford Public Library
57 New Haven Avenue
Milford, CT 06460
203.783.3291

For Library Use:

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

Item Processed: Date _____ Gift Plate _____ Staff Initials _____