



Gift Donation Form

Donor Information (please print or type)

Name: _____

Street: _____

City, State, Zip code: _____

Phone or Email: _____

Would you like to receive an acknowledgement of your donation? YES / NO

Reason for Donation (choose one)

> *In Memory of / In Honor of:*

Honoree's name: _____

> **Special occasion:** birthday / anniversary / retirement / other

Honoree's name: _____

> **General Donation:**

If you would like an acknowledgment sent to the honoree listed above, please provide address below:

Street: _____

City, State, Zip code: _____

If you would like library staff to use the donation to select a book for the collection, please answer the following:

Collection Preference: ADULT / YOUNG ADULT / CHILDREN's

Any topic(s) of particular interest? _____

Would you like a bookplate with honoree's name inserted in book(s)? YES / NO

Would you like to be notified when the book is available for checkout? YES / NO

Please make checks payable to:

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

For donations other than monetary ones, please see "Gift Donation Procedures for Books, Magazines, and Media." Thank you for your support of the Milford Public Library!