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
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 _________

Adopted, 06/03/15
Rev. 09/04/19