

DONATION FORM

Paw Paw District Library 609 W Michigan Ave Paw Paw, MI 49079 (269) 657-3800 info@pawpawlib.org

Donor Information			
Name: \[\sum \text{ This donation is anonymous} \]			
Address:			
City:S	tate:	Zip Code	e:
Phone (Optional):	Email (Optional):		
☐ In Memory of ☐ In Honor of			
Send acknowledgment to:			
Address:			
City:S	tate:	Zip Code	e:
Donation Of Funds			
Amount:		□ Credit	☐ Check (payable to the Paw Paw District Library)
Please direct my donation to the following:			
☐ Current library need☐ Facilities and long-term planning			
☐ Program sponsorship			
☐ Engraved brick (please complete Brick Program form)			
☐ Tribute book			
Name and text for book plate:			
Suggested topic and audience, i.e. cookbook for adults:			

Staff:____

Date received: