

# DONATION FORM

## ROCK SPRINGS PUBLIC LIBRARY

### DONOR INFORMATION

NAME(S): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I would like my donation to remain anonymous.

### GIFT INFORMATION

GIFT AMOUNT: \$ \_\_\_\_\_ Please make checks payable to: **Rock Springs Public Library**

All donations, big or small, will receive a personalized thank you letter, donor recognition on library website, and an invitation to our Special Donor Recognition Event. Individuals who donate \$500 or more will have their name added to a donor recognition plaque in our new library. Thank you in advance to all donors!

#### Mail This Form & Donations To:

Rock Springs Public Library | P.O. Box 246 | Rock Springs, WI 53961

If you have any questions regarding donations or our new library project, please contact: Jean Holtz | jaholtz2000@yahoo.com | (608) 963 - 3053

*\*Charitable contributions to governmental units are tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose.*

### RECOGNITION & HONOREE INFORMATION

Please indicate how you would like this gift listed in any applicable recognition (e.g. gift plate).

SELECT:  In Honor of  In Memory of  From  Other \_\_\_\_\_  None

NAME OF HONOREE: \_\_\_\_\_

Please provide an acknowledgement of my gift to:

NAME(S): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_