

# 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**

### 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: \_\_\_\_\_