

HUSSEY-MAYFIELD MEMORIAL PUBLIC LIBRARY

DONATION FORM

STAFF ONLY: Check # _____
Cash _____ Other: _____
Received by _____ on (Date) _____

DONOR INFORMATION

Name(s): _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
DayPhone: _____ EveningPhone: _____
E-mail Address: _____

GIFT AMOUNT AND PURPOSE

Enclosed is my gift of \$ _____
to support Hussey-Mayfield Memorial Public
Library services.

I WOULD LIKE TO DIRECT MY GIFT TO:

COLLECTION DEVELOPMENT

- Children Collection
- Teen Collection
- Adult Collection
- Downloadable Audio /eBook
- Specific Topic: _____

PROGRAMMING

- Children
- Teen
- Adult
- General

UNDESIGNATED

- To be used where the need is the greatest

MEMORIALS & TRIBUTES

(Gift amounts remain confidential)

This is a special gift:

- In Memory of
- In Honor of
- In Recognition of
- Presented by

fill in name(s) _____

Special Gift Plate Request: (Example: "In Honor of
Jamie's 5th Birthday") _____

Please send an acknowledgement to:

Name #1 _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Name #2 _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Check here if additional names are on back or attached

GIFT PAYMENT: My check is enclosed payable to the Hussey-Mayfield Memorial Public Library.

OTHER INFORMATION

This gift will be matched by my employer: _____

Please keep my gift anonymous. I understand that I will not be included in donor listings.

Please mail or give to staff at:

HUSSEY-MAYFIELD MEMORIAL PUBLIC LIBRARY ADMINISTRATION

250 North Fifth St., Zionsville, IN • MAILING ADDRESS: P.O. Box 840, Zionsville, IN 46077-0840

TELEPHONE : [317]873-3149 • FAX: [317]873-8339

Thank you for supporting the Hussey-Mayfield Memorial Public Library.

HUSSEY-MAYFIELD MEMORIAL PUBLIC LIBRARY
COLLECTION DONATION FORM - STAFF USE ONLY

BOOKKEEPER:

Date Deposited _____

Amount Deposited _____

Account # _____

Recorded in Excel _____

PROCESSING DEPARTMENT:

Date Acknowledgement(s) Sent _____

Recorded In Excel _____

Date Gift Plate(s) Placed _____

Recorded in Excel _____

Cost Code _____

ORDER INFORMATION:

Order/ID Name _____

Title _____

Author _____

ISBN _____

Price _____

Vendor _____

Order/ID Name _____

Title _____

Author _____

ISBN _____

Price _____

Vendor _____

CIRCLE ALL THAT APPLY:

ADULT TEEN YOUTH

NONFICTION FICTION

EASY LR

DOWNLOADABLE AUDIO DOWNLOADABLE EBOOK

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