DONATIONS FORM

DATE __________________________

NAME ___________________________________________  ______ CASH

ADDRESS ___________________________________________  # ______ CHECK

CITY, STATE, ZIP ___________________________________________  ______ AMOUNT

PHONE ___________________________________________

FOR THE PURCHASE OF:
   _____ Items at the Library Director’s Discretion

   _____ Category of Purchase ___________________________________________

   _____ Specific Title or Item ___________________________________________

BOOK PLATE INFORMATION

Presented by: ___________________________________________

In memory/in honor of: _________________________________

Please notify the following individual regarding this gift:

____________________________________________________

Please mail checks to:
Delta Township District Library
5130 Davenport Drive
Lansing MI 48917