

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