

**CLARINDA PUBLIC LIBRARY FOUNDATION  
DONATION FORM**

**DONOR INFORMATION**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**GIFT AMOUNT & FUND**

My gift of \$ \_\_\_\_\_ will help the Library

**I would like to direct my gift to:**

- Use as Needed
- Children's Library
- Local History & Culture
- Other: \_\_\_\_\_

**Please make check payable to: The Clarinda (Lied) Public Library Foundation**

**(Optional) This is a special gift:**

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

*Please send an acknowledgment to the honoree or next of kin listed:*

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**OTHER INFORMATION**

- Please keep my gift anonymous. I understand that I will not be included in donor listings.
- I am interested in hearing about my options for leaving the Library a legacy gift.
- The Library Foundation has been remembered in my will.

Please return to:

The Clarinda (Lied) Public Library Foundation  
100 East Garfield St., Clarinda, IA 51632  
Ph. 712-542-2416  
email. [foundation@clarindapubliclibrary.org](mailto:foundation@clarindapubliclibrary.org)

**Thank you for supporting The Clarinda (Lied) Public Library Foundation. The Foundation is a 501(c)(3) charitable organization.**

**E.I.N. 42-1236272. All gifts are tax deductible to the extent allowed by law.**