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 acknowledgement 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. clarindalibraryfound@gmail.com

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

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