

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

(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: _____

I would like to direct my gift to:

- Use as Needed
- Programs for library users
- Books and materials
- Other: _____

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

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 Lied Public Library Foundation
100 East Garfield St., Clarinda, IA 51632
Ph. 712-542-2416 email. askliedlib@iowatelecom.net

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