



Donation Form

Donor Information

Name(s) *(Mr., Ms., Miss, Mrs.)* _____

Please indicate title and full name for our records

Address _____ City/ST/Zip _____

Telephone _____ Email Address _____

Your Gift

Amount \$ _____ Check if your employer matches gifts

(Please provide matching gift form with your donation)

Payment Type

- Check
 Credit Card Visa MC AmEx DISC

Card # _____

Name on Card _____ Exp. Date (Mo/Yr) _____ Security Code _____

(3 digits after acct. # - back of card)

Signature _____

(signature is required for credit card processing)

Please designate my gift to:

- Adult Programs & Services
- Area of Greatest Need
- Children's Programs & Services
- Community Engagement
- Neighborhood Programs & Services
- Young Adult Programs & Services

This gift is...

- anonymous
- in honor of _____
- in memory of _____
- Please place a bookplate in the collections in recognition of this gift. *(Gifts of \$100+ only.)*

When making a tribute gift, please let us know if you would like us to provide gift notification to others. Gift notification will not include the amount of your gift.

Notification name (1)

Address

City/ST/Zip

Notification name (2)

Address

City /ST/ Zip

Contributions are tax deductible as provided by law. Checks should be made payable to the *Evanston Public Library* and mailed to the Library at the address listed above.

Thank you!