



Milford Public Library

# Gift Donation Form

## Donor Information (please print or type)

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

## Donation Information

In Memory/In Honor of \_\_\_\_\_

Subject Preference \_\_\_\_\_

Collection Preference \_\_\_\_\_

Format Preference \_\_\_\_\_

## Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,  
or other gifts payable to:

Milford Public Library

Milford Public Library  
57 New Haven Avenue  
Milford, CT 06460  
203.783.3291

### For Library Use:

Gift Received: Date \_\_\_\_\_ Amount \_\_\_\_\_ Deposited \_\_\_\_\_ Acknowledgement Sent \_\_\_\_\_

Item Processed: Date \_\_\_\_\_ Gift Plate \_\_\_\_\_ Staff Initials \_\_\_\_\_