



## Meriden Public Library Gifts & Memorials Donation Form

### Donor Information

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

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

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

GIFT AMOUNT AND PURPOSE	MEMORIALS & TRIBUTES
<p>Enclosed is my gift of \$ _____ to support library services at the Meriden Public Library</p> <p>I would like to direct my gift to:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Where the need is greatest</li><li><input type="checkbox"/> Programs for library users</li><li><input type="checkbox"/> Materials (books, audio, DVDs, periodicals)</li><li><input type="checkbox"/> Other: _____</li></ul>	<p><b>This is a special gift:</b></p> <p><i>In Memory of:</i></p> <p>_____</p> <p><i>In Honor of:</i></p> <p>_____</p> <p><b>Please send an acknowledgment to the honoree or next of kin:</b></p> <p>Name(s): _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Phone: _____</p>

### Gift Payment

- Please make checks payable to: Friends of the Meriden Public Library
- Mail form and donation to: Friends of the Meriden Public Library, 105 Miller Street, Meriden, CT 06450
- No goods or services were provided in exchange for this contribution.

### Other Information

- This gift will be matched by my employer: \_\_\_\_\_  
(Please enclose form or mail separately)
- Please keep my gift anonymous. I understand that I will not be included in donor listings.
- Contact the Library Director for any bequests or other gifts to the Library Board of Trustees.