Williams County Public Library: Gift/Donation Form*

Please complete this form and return it to your local Williams County Public Library. Feel free to attach pages if necessary.

☐ Birthday: Honor someone’s special day with the purchase or donation of a new book. Please indicate how you would like the gift plate to read:

Donated to the Library by: (name and relationship) (ex: Grandma Jane Doe)

______________________________________________________________________
In honor of _____________________________________________________________

Birthday on ____________________________________________________________

☐ Honor of: Give funds toward the purchase of materials, or donate new materials in the name of someone you wish to honor. Please indicate how you would like the gift plate to read:

In Honor of _____________________________________________________________

Given by ____________________________

☐ In Memory of: Give funds toward the purchase of materials, or donate new materials in the name of a loved one or friend who has passed away. Please indicate how you would like the gift plate to read:

In Memory of ___________________________________________________________

Given by ____________________________

Gift Information:

☐ I am donating the following: (Please attach additional pages for more items)

☐ BOOK ☑ DVD ☑ VHS TAPE ☑ AUDIOBOOK ☑ AUDIO CD

☐ Other ____________________________

Title: _________________________________________________________________

Author: _______________________________________________________________

Monetary gift: $_______________ ☐ Amount attached ☐ Please bill me

☐ Use my gift for the purchase of an item in the following subject area:

______________________________________________________________________

☐ Use my gift for the following project, program, and or, department:

______________________________________________________________________

☐ Use my gift for any purpose

Name/Address of person(s) giving gift:
______________________________________________________________________

Name/Address of person(s) to be notified of gift:
______________________________________________________________________

Staff member __________________ Location ____________________________ Date ________________

*Please see the library’s policies for Memorial Donations, Monetary Funds Donations, and Materials Donation