

Alger Public Library  
100 W. Wagner Street  
PO Box 18  
Alger OH 45812

Phone: 419-757-7755  
AlgerLibraryDirector@gmail.com

### DONATION FORM

Date: \_\_\_\_\_

Donor's Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

My gift is (check one):  Money (Complete Part 1)  Book/Other (Complete Part 2)

Purpose (check one):  Memorial  Tribute

Honoree's Name or Event: \_\_\_\_\_  
\_\_\_\_\_

Send gift acknowledgement to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Part 1 – Financial Donations

I would like this financial gift to be used for:

General support of the library.

Children's circulation items and programs.

Teen's circulation items and programs.

Adult circulation items and programs

Summer Reading Programs.

Other: \_\_\_\_\_

Attach cash, money order or check payable to: **Alger Public Library.**

#### Part 2 – Donation of Book or Other Item

Item to be donated (e.g., book, DVD, CD, etc.): \_\_\_\_\_

Title: \_\_\_\_\_

*Thank you!*

FOR OFFICE USE ONLY:

Form Revised: 05/28/17

Date Received	Date Acknowledgement Sent	Date Gift Published