

RHINELANDER DISTRICT LIBRARY GIFTS AND MEMORIALS

Donor:

Name _____
Organization (if applicable) _____
Street _____
City, State, Zip _____

Donation of Materials:

____ Used books/magazines ____ Used AV items (video, CD, etc.)
____ New books ____ New AV items
____ Other

Donation of Money:

_____ Amount

To be used for: ____ Book(s) ____ AV item(s) ____ Other

To which collection is the gift to be added? (check all that apply)

____ Adult ____ Children's ____ Young Adult ____ Unspecified

Gift Plate Information (if plate is desired)

In memory of _____
Presented by _____
Other _____

Memorial note – If the donation is for a memorial and the donor wishes the family of the deceased notified, please fill in the following information:

Name _____
Street _____
City, State, Zip _____

Notification requested – If the donor wishes to see the item purchased with gift money please fill in the following information:

Name _____
Telephone Number _____

Date _____ Staff Initials _____