

# MEMORIAL GIFT DONATION FORM

Print this page and mail or return to:

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

**Wauconda Area Library-Memorial Gifts/Donations**  
**801 N. Main St.**  
**Wauconda, IL 60084**

My gift to the Library: \$ \_\_\_\_\_

Please designate my gift to:

- Purchase a book
- Money donation
- Donation to Library Foundation
- Donation to Special Reserve Fund

If designating a book – please suggest a subject matter: \_\_\_\_\_

Make my gift:       In memory of       In honor of

Name or Occasion \_\_\_\_\_

Gift Given by:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Send acknowledgement(s) to:

Name/Address \_\_\_\_\_

Name/Address \_\_\_\_\_

**Form of payment:**     Cash     Check - No. \_\_\_\_\_ Please make payable to: **Wauconda Area Library.**

Check here if you would like a charitable donation receipt.

For further information, please contact Terry Weingart, 847-526-6225, x229.

Office use only: .....

Request sent to collection manager: \_\_\_\_\_ Date: \_\_\_\_\_

Title of book ordered: \_\_\_\_\_ Date: \_\_\_\_\_

Book received and given to Access Services for processing on: \_\_\_\_\_

Acknowledgments sent: 1) \_\_\_\_\_ 2) \_\_\_\_\_