



# DONATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

☐ PLEASE KEEP MY DONATION ANONYMOUS

\* Contact information will only be used for messages related to this donation

## PAYMENT INFORMATION

ENCLOSED IS MY PAYMENT OF \$ \_\_\_\_\_

YOUR CONTRIBUTION IS DEDUCTIBLE FOR INCOME TAX PURPOSES TO THE EXTENT PROVIDED BY THE INTERNAL REVENUE CODE.

## TO PAY BY CREDIT CARD

CARD # \_\_\_\_\_

EXP \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

THIS DONATION IS: \_\_\_\_\_ IN MEMORY OF \_\_\_\_\_ IN HONOR OF \_\_\_\_\_ ON THE OCCASION OF \_\_\_\_\_

I WOULD LIKE MY DONATION TO SUPPORT: \_\_\_\_\_ GENERAL \_\_\_\_\_ ADULT \_\_\_\_\_ TEEN \_\_\_\_\_ YOUTH \_\_\_\_\_ OTHER: \_\_\_\_\_

PLEASE PRINT THE NAME OF THE PERSON OR ORGANIZATION TO BE NOTIFIED ABOUT THIS DONATION:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAKE CHECKS PAYABLE TO: BALDWIN PUBLIC LIBRARY TRUST

## COMPLETE AND RETURN THIS FORM TO:

BALDWIN PUBLIC LIBRARY TRUST  
300 W. MERRILL  
BIRMINGHAM, MI 48009

IF YOU HAVE QUESTIONS, PLEASE CONTACT LIBRARY DIRECTOR REBEKAH CRAFT AT 248-554-4681