

Date _____

Donation For:

Columbus Public Library

Columbus Library Foundation



Note: When requesting a Memorial Book, Donations must be made to Columbus Public Library instead of Columbus Library Foundation.

If Specific titles are requested, cost of book(s) must not exceed amount of memorial. Titles must be current and not be excess for the section.



If your donation is a memorial, to assist us in acknowledging it, please complete the following:

Name and Address of Donor

Memorial Given in Honor of:

Do you wish for a note of acknowledgment be sent to the family?

Yes

No

If so, please provide their name and address.

Name

Street Address

City

State

Zip Code

Staff Use Only

Date _____

Check \$ _____

Cash \$ _____

Acknowledgment Letter(s)

Date