

## **Donation Form**

Thank you for your donation to Richland Community Library! Please print and complete this form. You may bring the form along with your check or cash to the circulation desk or mail it to:

Richland Community Library | c/o Library Director Jack Buck | 8951 Park St. | Richland, MI 49083

Donor Information:			
Name:			
☐ I wish to remain anonymous.			
Address:			
		Zip:	_
E-mail:	Phone:		_
Gift Information: (Please make ch	ecks payable to Richland Com	munity Library)	
Enclosed is a check for \$			
Enclosed is cash in amount of \$			
Optional:			
My gift is in honor of:			
My gift is in memory of:			
Requested use for donation fur	nds:		
☐ Adult Services			
☐ Youth Services			
☐ Teen Services			
☐ Please use my gift for the are	a of greatest need.		
Please send an acknowledgmer	nt to (optional):		
Address:			
		Zip:	