



Memorial or Tribute Donation Form

You may fill out this form online, print and FAX, or mail to address below:

Enclosed is my / our donation in the amount of:

\$250 \$100 \$50 \$25 \$_____

Name(s) _____

Please do not publish my name.

Address _____

City _____ State _____ Zip _____

E-mail _____

Please have our recognition read:

_____ (i.e.: To Honor Mary Smith, In Memory of John Smith)

Please notify the following of my donation:

Name(s) _____

Address _____

City _____ State _____ Zip _____

Payment Check (payable to Scarborough Public Library) Visa MasterCard

Name as it appears on card _____

_____ Exp. _____ CVV _____

Please restrict the use of my gift to:

Books: Adult Children

Audiovisual: Adult Children

Programs: Adult Children

General operations:

Endowment:

Indicate below if we may contact you regarding:

providing for the Scarborough Public Library in your estate plans

extending your gift over the next 12 months

regarding your employer's matching gift program

Library Use Only	
Check Date	_____
Check #	_____
Deposit Fund	_____
Recorded	_____
Acknowledged	_____
Completed	_____