

# Donation Form

<b>Donor Name(s)</b>	
<b>Address</b>	
<b>City, State, ZIP</b>	
<b>Phone (optional)</b>	<b>Email (optional)</b>

<b>Please Fill Out If Applicable</b>	
<b>Donation Being Made in</b> <input type="checkbox"/> <b>Memory</b> <input type="checkbox"/> <b>Honor of:</b>	
<b>Send Notification To:</b>	
<b>Address</b>	
<b>City, State, ZIP</b>	
<b>NOTES:</b>	

**I would like to make my donation to:**

New Material Fund                       New Building Fund

For a specific book:

\_\_\_\_\_   
 Title/Author

An item on a specific subject or for an age level:

\_\_\_\_\_   
 ex. Gardening book, Western novel, children's picture book, children's DVD, etc.

**I want my donation to be listed in the newspaper:**  Yes  No

**Mail to:**            Whitewright Public Library  
                         PO Box 984  
                         Whitewright TX 75491