

## 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 <input type="checkbox"/> Memory <input type="checkbox"/> 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: \_\_\_\_\_  
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 966  
Whitewright TX 75491