

Donation Form

Donor Name(s)	
Address	
City, State, ZIP	
Phone (optional)	Email (optional)

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

I would like to make my donation to:

New Material 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 984
Whitewright TX 75491