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Troy Public Library Donation Form

Donor Information

Name _____ Phone _____

Address _____ E-mail _____

Donation Information

Donation Amount \$ _____

Wording for Bookplate:

In Memory Of: _____

In Honor Of: _____

Other Dedication: _____

Notification of Donation to be sent to:

Name: _____

Address: _____

Special Requests:

Your signature on this form acknowledges that your donation is now property of the Troy Public Library. At the discretion of Library staff, your donation may be denied or returned for any reason. In accordance with Internal Revenue Service code, the Troy Public Library cannot appraise gifts. It is the donor's responsibility to determine the value of the donation.

I have read the Troy Public Library's Gift Policy and agree that my donation will be handled according to its stated terms.

Signature _____ Date _____

This form is to accompany all donations upon delivery to the Library.

FOR OFFICE USE

Name of Library Staff Assisting Patron _____ Date _____

Service Area _____ Reply Date _____