



Gift Donation Form (Including Memorial and Tribute Gifts)

Donor Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Telephone _____

Donation Information

Amount of Donation: _____

Payment Information:

By Check: *Enclose check payable to The Shrewsbury Public Library Foundation*

By Credit Card: Credit Card # _____ Visa Mastercard

Expiration ___/___ CV (3 digit code) _____

Signature: _____

Date: _____

If this is a Memorial or Tribute Gift, please complete the following information:

Memorial Gift Tribute Gift

Who will this gift memorialize or honor?

Type of Honor (birthday, graduation, etc.)

- I would like my gift to be anonymous.
- My Employer has a matching gift program. Enclosed is the paperwork

Please provide name and address of person(s) to notify of this gift

Name: _____

Address: _____

City, State, Zip code: _____

Please print, complete and fax or email to

The Shrewsbury Public Library Foundation
 ATTN: Ellen Dolan, Library Director
 609 Main Street
 Shrewsbury, M 01545
 Fax: 508-841-8524
edolan@shrewsburyma.gov

All gifts are tax deductible to the extent provided by law.
Questions? Please contact us at 508-841-8537

Thank you for your generous support!