



Donation Form

Today's date: _____

Donor name: _____

Mailing address: _____

Phone: _____

Total amount enclosed/received: _____

Please describe the purpose of the donation (for example: "purchase of new DVDs for use at Mississippi Branch" or "Summer Reading Program"); if gift is to be divided among multiple uses, please describe each.

Purpose #1: _____ Amount: _____

Purpose #2: _____ Amount: _____

Purpose #3 : _____ Amount: _____

If the gift is in memory/honor of someone, please check the appropriate designation and include the name of the person.

In Memory of _____

In Honor of _____

Should the Library send an acknowledgement of this gift to anyone else?

If so, please include their name and complete mailing address: _____

Please mail this completed form to the address listed below OR give it to Library staff at the service desk. If you have any questions, please call 763-324-1500.

Anoka County Library
707 County Rd 10 NE
Blaine MN 55434-2398

Thank you for your generosity!

For Staff Use Only:

Donation Box deposit from branch

Date received: _____

Recorded in WF by: _____

Date acknowledged: _____

Log Number: _____

Date presented to Library Board: _____

Other: _____