

## RHINELANDER DISTRICT LIBRARY GIFTS AND MEMORIALS

**Donor:**

Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

If donor wishes to be notified about items purchased with gift money, please fill in the following information:

Name of person to be notified \_\_\_\_\_

Contact information \_\_\_\_\_

**Donation:**

\$ \_\_\_\_\_ Amount                      \_\_\_\_\_ Cash              \_\_\_\_\_ Check

To be used for:     Books     Audiobooks     DVDs     Other ( \_\_\_\_\_ )     Any

For which collection:     Adult     Senior Outreach     Children     Young Adult     Any

**Gift Plate Information:**

In memory of \_\_\_\_\_

Presented by \_\_\_\_\_

**Memorial Note** – If the donation is for a memorial and the donor wishes the family of the deceased notified, please fill in the following information:

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date \_\_\_\_\_

Staff Initials \_\_\_\_\_