MILLINOCKET MEMORIAL LIBRARY

Donation Form

CONTACT INFORMATION

Donor name(s): _____

Address: _____

_____

Phone (required for credit card donations): _____

Email: _____

GIFT INFORMATION

Donation Type:

- ☐ This is a one-time donation of: _____
- ☐ This is a monthly donation of: _____
- ☐ This is an annual donation of: _____

Donation Purpose:

- ☐ Operating Donation
- ☐ Endowment Donation

PAYMENT INFORMATION

- ☐ Check made out to "Millinocket Memorial Library"
- ☐ Credit/Debit card

Card Number: _____

Expiration Date: _____/_____ CVV: _____

Name on Card: _____

Cardholder's signature: _____

This is a Tribute Donation!

- ❑ In honor of
  or
- ❑ In memory of

Honoree's name:

_____

For tribute donations of $50 and up, we will purchase a book for the collection and acknowledge your honoree with a bookplate. If you have a preference of book type, please check a box below:

- ❑ Adult Fiction
- ❑ Adult Mystery
- ❑ Adult Romance
- ❑ Adult Sci Fi
- ❑ Adult Nonfiction
- ❑ Young Adult
- ❑ Children's

Return this form by mail or in person to:
Millinocket Memorial Library, 5 Maine Ave, Millinocket, ME 04462
Questions? Call us at 207-723-7020.
Thank you for your support!