

DONATION FORM

Gifts of Financial Support

DONOR INFORMATION

Name _____

Address _____

City, State & Zip _____ Phone _____

GIFT AMOUNT _____ **DATE OF GIFT** _____

GIFT TYPE _____ Check (Please make check payable to: Greenville County Library System.)
_____ Cash
_____ Stocks/Securities

Please use my gift for: _____ the greatest need (unrestricted)
_____ a specific Library location: _____
_____ a specific Library program: _____
_____ a book or other item to be added to our collection.
(We will gladly add a bookplate with a minimum gift of \$35.)
Suggested title or subject: _____

This gift is: _____ in memory of (name of deceased person): _____
_____ in honor of (name of living person): _____

ACKNOWLEDGEMENT (optional): Please let the following person(s) know of my gift:

Name _____

Address _____

City, State, Zip _____

RECOGNIZING YOUR GENEROSITY In gratitude for your gift, we may list your name in a future library publication or on our website. If you choose not to have your name publicly listed, please check here _____.

Please send form and donation to: Greenville County Library System
Attn: Finance Department
25 Heritage Green Place
Greenville, SC 29601-2034

STAFF USE ONLY

Date gift received: _____ by: _____

Date received in Finance Department: _____ by: _____

Date Collection Development notified: _____ by: _____

Notes: _____