

**Scarborough Public Library  
Memorial or Tribute Donation Form**

*You may fill out this form online, print and FAX, or mail to address below:*

**Enclosed is my / our donation in the amount of:**

\$250       \$100       \$50       \$25       \$\_\_\_\_\_

Name(s) \_\_\_\_\_

Please do not publish my name.

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

**Please have our recognition read:**

\_\_\_\_\_  
(i.e.: To Honor Mary Smith, In Memory of John Smith)

**Please notify the following of my donation:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

**Payment**     Check (payable to Scarborough Public Library)     Visa     MasterCard

Name as it appears on card \_\_\_\_\_

# \_\_\_\_\_ exp. \_\_\_\_\_

**Please restrict the use of my gift to:**

**Books:** Adult  Children

**Audiovisual:** Adult  Children

**Programs:** Adult  Children

**General operations:**

**Endowment:**

**Indicate below if we may contact you regarding:**

*providing for the Scarborough Public Library in your estate plans*

*extending your gift over the next 12 months*

*regarding your employer's matching gift program*

Library Use Only	
Check Date	_____
Check #	_____
Deposit Fund	_____
Recorded	_____
Acknowledged	_____
Completed	_____