

Tribute Gift Form

This donation is:		
In memory of In hor	nour of \square On the occasion of \square	
I would like my donation t	o support:	
□ Collections:□ Children□ Teens□ Adult□ Other:	☐ General (no spending preference)	☐ Branch Support (provide detail below)
Donation Detail - please would prefer the donation	specify which branch the money is g n to be spent:	going towards and how you
	of \$ is enclosed. Make the pranches can be indicated in the not x-deductible.	
Donor Information		
A tax receipt will be sent t	o the address indicated.	
Name:		_
Address:		
Telephone:		
Email:		
Honouree Information Please print the name of t	n The person or organization to be no	tified about this donation:
Name:		
Address:		

Please return this form along with payment to your local branch or mail it to: Huron County Library, 77722B London Rd, Clinton, ON NOM 1L0