

GIFTS & DONATIONS FORM

Date: _____
Donor's Name & Address: _____

Phone: _____
Email Address: _____
Amount: _____ Cash _____ Check _____
(Payable to Massillon Public Library)

Name of person you wish to honor: _____
Occasion: (Check one) Memory _____
Anniversary _____ Honor _____
Other _____ Please specify _____
If making a monetary donation, select preferred category you wish to support: Check one:
Book Item _____ Audio Visual Item _____
Operating Expenses _____
Building & Restoration _____
Other _____ Please specify _____
For: (Check one) Adult Collection _____
Juvenile Collection _____ Fiction Collection _____
Non-Fiction Collection _____

Location: (check one)
Main _____ Barry Askren Memorial Branch _____
Pam S. Belloni Branch _____ Bookmobile _____
If donating a specific book or AV item please list title(s) here:
1. _____
2. _____
3. _____

Complete name and address of person(s) to notify about the donation:

Signature _____
Date _____

Received by:
Staff Name _____
Date _____

Please return completed gift form with donation to:

Director
Massillon Public Library
208 Lincoln Way East
Massillon, OH 44646

Detach and keep this panel for your records.

Donations of books, music, and movies are welcome if they are clean and only gently used. Once donated, the materials become the property of the library and will either be added to the collection or Friends' Book Sale

Donations may also be made online at www.massillonlibrary.org.

Amount of Donation: _____
Received by: (Staff Signature) _____

Date: _____
**Thank you for donating to the
Massillon Public Library!**
10/26/18

