



Southington Library & Museum
Materials Donation Form
(to be filled out by donor)

This donation is: In Honor of _____ In Memory of _____

Honoree _____

(Please print the honoree's name as you would like it to appear on the book plate and in the letters.)

Acknowledgement letter will be sent to:

Name _____

Street _____

City _____ State _____ Zip _____

Donor _____

(Please print clearly the name as you would like it to appear on the book plate and in the letters.)

Street _____ Phone _____

City _____ State _____ Zip _____

Email _____

Our staff will select the appropriate items to be added to our collection taking into consideration your suggested areas of interest. Please mark you selections below and include genres and/or subjects of interest:

Adult Fiction _____ Adult Non-fiction _____

Children/Tween _____ Teen/YA _____

DVDs/CDs _____

Staff use only

Date received _____ Amount of donation _____ P. O. Number _____ MEM _____
(Secretary assigns) (Donor's initials)

Please make checks payable to **The Southington Library and Museum**

Tear this section off – Give to the Donor

For your records: Confirmation of donation to Southington Library & Museum

This is to acknowledge that _____
 donor's name

donor's address

has donated \$ _____ to the Southington Library & Museum

In honor / memory of _____

Staff Member's Name: _____

Date: _____

Southington Library & Museum 255 Main Street Southington, Connecticut 06489 860.628.0947

www.southingtonlibrary.org