



10 West Cossitt Avenue
 La Grange, IL 60525
 lagrangelibrary.org 708.215.3200

MATERIALS DONATION

Date:	
Donation Amount:	\$
Name of donor:	
Donor address:	
Donor phone number:	
<input type="checkbox"/> In Memory of: <input type="checkbox"/> In Honor of: <input type="checkbox"/> Happy Birthday to: <input type="checkbox"/> Other:	Honoree:
Type of Material: <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Teen	Subject Preference (if any):
Send acknowledgment to:	Name: Address:
May we list you by name in our print newsletter and other reports?	<input type="checkbox"/> Yes <input type="checkbox"/> Prefer to be anonymous
<p>Please complete this form and make your check payable to the La Grange Public Library. Return form and payment to the Member Services Desk or mail to the address at the top of the page.</p> <p><i>All donations are tax-deductible to the extent allowable by law.</i></p>	

This section to be completed by Library Staff.

Title(s) of Material Ordered:

Initial	Date	Action
		MS ring in register; route form to Collections
		Collections notifies Admin of donation info
		Collections emails selector
		Collections sends thank you letter w/ title(s)
		Collections routes form to Admin for filing