

Date _____

Enclosed is a gift to the Delphi Public Library Gift and Memorial Fund in the amount of \$ _____.

My preference for purchase is (please check one):

Book _____ Art Fund _____ Theater Fund _____

Children's Services _____ General Gift Fund _____

(Please note that a minimum donation of \$25 is needed to purchase an individual book title.)

I suggest the following specific item or general subject area, if consistent with library policy:

I would prefer that the library director contact me about a special gift of technology equipment or furniture. _____.

A gift plate is placed in items purchased with memorial funds. Please print the names as they are to appear on your gift:

In memory of:

Donated by:

The person (family member) to be notified about this gift is:

Name _____

Address _____

City, State, Zip _____

This donation is made by:

Name _____

Address _____

City, State, Zip _____

*Please make checks payable to **Delphi Public Library** and mail to
222 E. Main St., Delphi, IN 46923
All contributions are tax deductible.*