

DONATION FORM

CANAL FULTON PUBLIC LIBRARY

154 Market Street, N.E.
Canal Fulton, Ohio 44614

I/my family would like to make a donation to the Canal Fulton Public Library.

Name(s): _____

Street Address: _____

City, State, Zip Code: _____

Daytime Phone Number: _____

Evening Phone Number: _____

E-Mail Address: _____

Enclosed is my tax-deductible contribution of:

I want my donation to go towards:

___ General Fund (to be applied as needed)

___ Building Fund

___ Library Books or other materials

This gift is in memory/honor (*circle one*) of: _____

Send acknowledgement to:

Name(s): _____

Address: _____

City, State, Zip Code: _____

(Add additional names & addresses as desired)

Please print and mail completed form, along with your check or money order to the address listed above.

THANK YOU FOR YOUR SUPPORT