

# 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**