

WESTERN COUNTIES REGIONAL LIBRARY

Donation Form

Branch Date.....

This donation to Western Counties Regional Library is made by:

Name Amount of donation \$.....

Address..... Do you want a tax receipt? Yes No
(Tax receipts can be given for amounts of \$10 and over.)
.....

This section must be filled out!

Please choose type of donation: **Literacy Legacy Fund** __ **General** __ **In Memory** __ **In Honour** __
Note: Large donors, \$5,000 or more, to the Literacy Legacy Fund can determine the type of book/library material purchased with interest generated by their donation.

Indicate where you would like your funds to be spent:

<input type="checkbox"/> Children's Fiction	<input type="checkbox"/> Children's Non-Fiction	<input type="checkbox"/> Young Adult
<input type="checkbox"/> Adult Fiction	<input type="checkbox"/> Adult Non-Fiction	<input type="checkbox"/> No preference

Indicate your preferred format:

<input type="checkbox"/> Picture Books	<input type="checkbox"/> Graphic Novels	<input type="checkbox"/> Large Print
<input type="checkbox"/> Audio Books	<input type="checkbox"/> No preference	

A bookplate can be placed in the book. Provide any special wording you would like used.
.....

If ***In Memory of*** or ***In Honour of***, provide the name here

An acknowledgment letter from Headquarters should be sent to:

Name Address.....
.....

If you wish to receive information about your library via e-mail, please provide your e-mail address:
_____. You may request an end to this service at any time. This information would include items such as monthly highlights, newsletters, annual reports, events and campaign information.

Thank you for your donation!

For librarian's use:

Letter to donor (date) Income Tax Receipt # (if applicable)
Item ordered (title).....(date).....
Item ready for branch (date)

October 2022