

DONOR INFORMATION

Full Name: \_\_\_\_\_

Phone Number (Optional): \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_

GIFT TYPE/AMOUNT/PAYMENT INFORMATION Gift Type:

1) Books & Other Material for the Collection:  Adult Material  Children/Youth

Material: \_\_\_\_\_

2) Library Services & Program Support Gift Amount:  \$25  \$50  \$100  \$250  \$500

Other: \_\_\_\_\_

Payment Method:  Check enclosed (make payable to: Library of Graham 910 Cherry Street Graham, TX 76460.)

Cash enclosed Gift Received By: \_\_\_\_\_

BOOKPLATE INFORMATION Bookplate Desired? #ofbookplates(1bookplateforevery \$500) YES NO If YES, this is a:  Gift From /  Memorial To /  Honoring:

Name: \_\_\_\_\_

Person To Be Notified: \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_

LOG ACKNOWLEDGEMENT OF GIFT Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

FOR LOG FINANCE OFFICE USE ONLY

Name: \_\_\_\_\_ Gift Control #: \_\_\_\_\_ Deposit I.D.: \_\_\_\_\_

Project/Activity: \_\_\_\_\_

Amount received is < \$100 & therefore disclosure is not applicable.