



# DONATION & GIFT FORM

JAMESTOWN PUBLIC LIBRARY  
200 WEST MAIN STREET, PO BOX 1437  
JAMESTOWN, NC 27282  
Tax ID: 56-1531476

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DATE: \_\_\_\_\_

## **DONATOR INFORMATION**

Amount Donated: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number/Email: \_\_\_\_\_

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

## **DONATION SPECIFICS** (check all that apply)

This donation is in honor of: \_\_\_\_\_

This donation is in memory of: \_\_\_\_\_

I would like to receive a donation notification.

A donation notification should be sent to:

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

Address: \_\_\_\_\_

## **DONATION ALLOCATION** (only check one)

Most Needed Areas (determined by Library Manager)

Adult Materials

Young Adult Materials

Children's Materials

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