DONATION FORM FOR THE FRIENDS OF THE AGAWAM PUBLIC LIBRARY

Name: __________________________________________________________________
Address: __________________________________________________________________
City/State/Zip: __________________________________________________________________
E-Mail Address: __________________________________________________________________ Tel. #: __________________

[ ] YES – I Would Like to Donate to the Friends of the Agawam Public Library

I would like to donate the following tax-deductible contribution of:

[ ] $25  [ ] $50  [ ] $75  [ ] Other    $ ___________

[ ] I am making this donation in the honor of:

Name: __________________________________________________________________

[ ] I would like to have the following person notified of this donation:

Name: __________________________________________________________________
Address: __________________________________________________________________
City/State/Zip: __________________________________________________________________

Upon receipt of the donation, we will send a letter to this person acknowledging that a donation was made in their name.

Please print out this form and mail the completed form and check to:

FRIENDS of the AGAWAM PUBLIC LIBRARY
PO Box 478
Feeding Hills, MA 01030-0478

Or drop them off at the Circulation Desk at the library

***** THANK YOU FOR CONTRIBUTING TO THE FRIENDS! *****