

DONATION FORM

(Please print legibly or type.)



Capital Area District

LIBRARIES

Your branch, our family tree.

Donor Information

Date of donation _____

Donor name *Mr./Ms./Mrs. (Circle one)* _____

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone number _____ E-mail _____

I give the library permission to publicly recognize my gift. Signature _____

I wish to remain anonymous.

Donation forms
may be mailed to: **Capital Area District Libraries**
401 S. Capitol Avenue
Lansing, MI 48933

For more information, call 517-367-6300, ext. 2
or visit our website at cadl.org/donate

Donation of Money

Donation of \$ _____ (Make payable to: Capital Area District Libraries)

Cash Check Credit Card (Go to cadl.org/donate for online instructions)

Use money to: Benefit CADL as a whole Benefit the _____ Library

Funds are donated for: General library purposes Specific goods/services (Describe type)

Any funds in excess of the amount needed will be used for general library purposes.

Donation of Goods and/or Services (Please describe the item received)

(All donations become the property of CADL and cannot be returned)

Gift Information (for nameplate and/or notification)

Presented by _____

I would like a nameplate I do not want a nameplate

In memory of _____ or In honor of _____

Please notify the following individual(s) regarding this gift: Name *Mr./Ms./Mrs. (Circle one)* _____

Address _____

City _____ State _____ Zip _____

Library/Administration Office Use Only

Person processing form _____ Receipt Number _____ Check Number _____ Date _____

Mailed to library Copy to Purchasing/Aquisitions Copy to Accounting Copy to Administrative Assistant