

DONATION FORM

(Please print legibly or type.)



Capital Area District
LIBRARIES

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 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 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 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