## **DONATION FORM**



Phone: (708) 388-1078	side Island, IL. 60406
Please circle one: IN MEMORIAM/ IN RECO	GNITION OF
Name of person being recognized:  Name of person (or organization) making donation:	
E-mail / phone number of person (or organization) making donation:	
Area (s) to which donation funds should be app	lied:
General funds	
Book Collection (please circle those appropriate	e):
Adult Children's You	ung Adult
Please specify particular areas of interest:	
DVD Collection	
CD Collection	
Programs (please circle those appropriate):	
Adult Children's Young Adu	ult Spanish Technology
Please share any other relevant information:	
Please send and make checks payable to:	Blue Island Public Library 2433 York Street Blue Island II 60406

Thank you so much for your generous, tax deductible donation to the Blue Island Public Library. A recognition name plate will be placed in the item(s) purchased and you will be notified.