Monetary Donations Form

NOTE: Please do not use this form for Friends of Bosler Library memberships.

**Name of Donor ________________________________________________
(to be listed in Annual Report and other donor/sponsor recognition for gifts totaling $35 and up)
□ I wish this gift to be Anonymous.
Contact Name (if different from above) ________________________________________________
Address ________________________________________________
City ______________________ State ______ Zip ____________
Email ______________________ **Contact Phone ______________________

**Amount of Contribution: $ __________________
**This gift is for □ Unrestricted use
□ Other ______________________

For “Name a Day” sponsorship: $100 per day ($75 for active Friends of Bosler members)
Date to be named: ___/___/___ (first choice); ___/___/___ (2nd choice)

For memorial contribution, name of person being memorialized*: ______________________

For honorary contribution, name of person being honored*: ______________________
*If you want Bosler to notify the family or person being honored about your memorial/honor gift, please provide the recipient’s name and address:
________________________________________________________________________
________________________________________________________________________

For Tribute Book: $25 minimum contribution (select from subject options below):
□ Librarian’s Choice □ Children’s □ Cooking □ Gardening □ History □ Nature/Science
________________________________________________________________________
□ Check enclosed, payable to “Bosler Memorial Library”
□ Charge: □ VISA □ MC □ Disc
Card# __________________________________________
Security Code (3 digits) _________ Expiration Date ______________________
Signature ______________________

Please return completed form to:
Development Office
Bosler Memorial Library
158 W. High Street
Carlisle, PA 17013

** Required field