

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 \$50 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



Bosler
Memorial
Library

Empowering Lifelong Learning

For Library use only:

*Date received _____

*Staff initials _____

Date received by Development
Officer _____

****** Required field