

Gift Form

Donor Information (please print clearly)

Name: _____

Group (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donation Amount: \$ _____

Please indicate which fund your gift will support:

General Fund (please check one)

- | | |
|--|--|
| <input type="checkbox"/> Unrestricted | <input type="checkbox"/> Summer Reading Program |
| <input type="checkbox"/> Lisa Nerenberg Collection | <input type="checkbox"/> Planned or Special Gift |
| <input type="checkbox"/> In Honor of _____ | |
| <input type="checkbox"/> In Memory of _____ | |

Suggested Topic: _____

Would you like to designate your gift to a specific location?

- System Middletown Liberty Monroe Trenton West Chester

Please indicate if a person, family or organization is to be notified of your gift.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please make all checks payable to the **MidPointe Library System**.

Return this completed form to:

MidPointe Library System
Attn: Accounting Department
125 S. Broad St.
Middletown, OH 45044

All gifts will be acknowledged with a thank you and receipt. Notifications will be sent as requested.

If you would like to make a gift with a credit card, please go to www.midpointelibrary.org and click the link to donate online. For assistance please call the Accounting Department at (513)705-8534.

Thank you for your support!