

Gift Form

Donor Information

Name: _____

Group (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donation Amount: \$ _____

Please indicate which fund your gift will support:

Unrestricted*

Dolly Parton's Imagination Library of Ohio, Butler County Chapter**

Lisa Nerenberg Collection

In Honor or in Memory of: _____

Other: _____

**Unrestricted gifts may be deposited to the MidPointe Library Foundation for advancement of the Library's mission.*

*** Will be deposited to the MidPointe Library Foundation.*

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/midpointe-library-foundation/ and click the link to donate online.

For assistance please call MidPointe Library System's Development Director

Chris Corbitt at (513)705-8533. **Thank you for your support!**