

Islip Public Library Growing Gifts Donation Form

HONOREE
(Choose one)

- In honor of: _____
- On the occasion of: _____
- To commemorate: _____
- In memory of: _____

GIFT & PAYMENT
(Choose one)

- I have enclosed a contribution in the amount of: \$ _____
(Please make checks payable to the Islip Public Library)
- Please charge my credit card in the amount of: \$ _____
 Visa MasterCard AMEX Exp. Date: _____ Code: _____
 Card Number: _____ Name on Card: _____

ACKNOWLEDGEMENTS

When your gift is received, we will send a notification card to the individual or individual's family. The amount of the contribution will be held confidential.

Please send acknowledgement of this contribution to:

Name: _____ Address: _____
 City: _____ State: _____ Zipcode: _____

Donor(s)

Name: _____ Address: _____
 City: _____ State: _____ Zipcode: _____

Donor daytime phone number, if clarification is necessary: _____

Completed forms and checks may be dropped off at the Library or mailed to:
Islip Public Library, 71 Monell Avenue, Islip, New York 11751.

If you have any questions, please call the Library at (631) 581.5933 and ask to be connected to the Director's Office.

Donations are tax deductible.

