

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: _____ Zip code: _____

Donor(s)

Name: _____ Address: _____

City: _____ State: _____ Zip code: _____

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, NY 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.

