



# Bath Township Public Library

## Donation Form

Date: \_\_\_\_\_

### Donor Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

I give the library permission to publicly recognize my gift.  I wish to remain anonymous.

### Donation Information

Donation Amount: \_\_\_\_\_

Cash  Check  Other

Donation for:  General library purposes  Specific materials/services (please describe)

Description of materials/services \_\_\_\_\_

If an honorary or memorial gift:  I do not want a nameplate  I want a nameplate:

Information for nameplate: \_\_\_\_\_

**Mail form and check to:** Bath Township Public Library **Questions:** Contact Kristie Reynolds  
14051 Webster Rd 517.641.7111  
Bath MI 48808 [kreynolds@bathtownshippubliclibrary.org](mailto:kreynolds@bathtownshippubliclibrary.org)

### Library Administration Use:

Donation Received : Date: \_\_\_\_\_  In-library  Mailed

Receipt number  Check number  Follow up: \_\_\_\_\_